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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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Washington University Washington University Law Library Campus Box 1171, Mudd Bldg., One Brookings Dr. St. Louis, MO 63130-4899 (314) 935-6443	Kansas City Public Library 14 West 10th Street Kansas City, MO 64105 (816) 701-3546	Library State Historical Society of Missouri 1020 Lowry St. Columbia, MO 65211-7298 (573) 882-9369	Springfield-Greene County Library 4653 S. Campbell Springfield, MO 65801-0760 (417) 874-8110
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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 41—General Tax Provisions**

EMERGENCY AMENDMENT

12 CSR 10-41.010 Annual Adjusted Rate of Interest. The department proposes to amend section (1).

PURPOSE: *Under the Annual Adjusted Rate of Interest (section 32.065, RSMo), this amendment establishes the 2008 annual adjusted rate of interest to be implemented and applied on taxes remaining unpaid during calendar year 2008.*

EMERGENCY STATEMENT: *The director of revenue is mandated to establish not later than October 22 the annual adjusted rate of interest based upon the adjusted prime rate charged by banks during September of that year as set by the Board of Governors of the Federal Reserve rounded to the nearest full percent. This emergency amendment is necessary to ensure public awareness and to preserve a compelling governmental interest requiring an early effective date in that the amendment informs the public of the established rate of interest to be paid on unpaid amounts of taxes for the 2008 calendar year. A proposed amendment, that covers the same material, is published in this issue of the *Missouri Register*. The director has limited the scope of the emergency amendment to the circumstances cre-*

*ating the emergency. The director has followed procedures calculated to assure fairness to all interested persons and parties and has complied with protections extended by the *Missouri* and *United States Constitutions*. Emergency amendment filed October 16, 2007, effective January 1, 2008, expires June 28, 2008.*

(1) Pursuant to section 32.065, RSMo, the director of revenue upon official notice of the average predominant prime rate quoted by commercial banks to large businesses, as determined and reported by the Board of Governors of the Federal Reserve System in the Federal Reserve Statistical Release H.15(519) for the month of September of each year has set by administrative order the annual adjusted rate of interest to be paid on unpaid amounts of taxes during the succeeding calendar year as follows:

Calendar Year	Rate of Interest on Unpaid Amounts of Taxes
1995	12%
1996	9%
1997	8%
1998	9%
1999	8%
2000	8%
2001	10%
2002	6%
2003	5%
2004	4%
2005	5%
2006	7%
2007	8%
2008	8%

AUTHORITY: *section 32.065, RSMo 2000. Emergency rule filed Oct. 13, 1982, effective Oct. 23, 1982, expired Feb. 19, 1983. Original rule filed Nov. 5, 1982, effective Feb. 11, 1983. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Oct. 16, 2007, effective Jan. 1, 2008, expires June 28, 2008. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.*

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 40—Division of Maternal, Child and Family
Health
Chapter 10—Forensic Examinations for Sexual Assault**

ORDER TERMINATING EMERGENCY RULE

By the authority vested in the Department of Health and Senior Services under section 191.225, RSMo (SS for SCS for HCS for HB 583, 94th General Assembly, First Regular Session (2007)), the department hereby terminates an emergency rule effective November 3, 2007 as follows:

19 CSR 40-10.010 Payments for Sexual Assault Forensic Examinations is terminated.

A notice of emergency rulemaking containing the text of the emergency rule was published in the *Missouri Register* on October 15, 2007 (32 MoReg 2030-2034).

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 40—Division of Maternal, Child and Family
Health
Chapter 10—Forensic Examinations for Sexual Assault
EMERGENCY RULE**

19 CSR 40-10.010 Payments for Sexual Assault Forensic Examinations

PURPOSE: The Department of Health and Senior Services makes payments to appropriate medical providers to cover the charges of the forensic examination of persons who may be a victim of a sexual offense. This rule establishes the criteria by which forensic examination charges are paid.

EMERGENCY STATEMENT: This emergency rule is necessary to preserve a compelling governmental interest to provide forensic examinations to victims of sexual assault. An early effective date is required because the emergency rule implements House Bill 583, 94th General Assembly, First Regular Session (2007), which requires the Department of Health and Senior Services to be the payer of first resort for sexual assault forensic examinations. The Missouri Department of Health and Senior Services also finds an immediate danger to public health and welfare, which requires this emergency action. If this emergency rule were not enacted, there would be a significant impact on victims of sexual assault in obtaining appropriate forensic examinations. This in turn will impact the health and welfare of the victims. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Missouri Department of Health and Senior Services believes this emergency rule is fair to all interested parties under the circumstances. This emergency rule was filed on October 24, 2007, effective on November 3, 2007, expires on March 13, 2008.

(1) The victim or the victim's guardian shall consent in writing to the examination.

(2) The medical provider shall not charge the victim for the forensic examination.

(3) All appropriate medical provider charges for the sexual assault forensic examinations shall be submitted to the Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood, Sexual Assault Forensic Examination Program, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102 for payment.

(4) Claims for sexual assault forensic examination charges shall be made on forms provided by the Department of Health and Senior Services. The Sexual Assault Forensic Examination Program Report form is included herein and is also available on the department's website at: <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>.

(5) For the purposes of billing the Missouri Department of Health and Senior Services under section 191.225, RSMo (SS for SCS for HCS for HB 583, 94th General Assembly, First Regular Session, (2007)), claims shall not include the medical treatment. Medical treatment means the treatment of all injuries and health concerns relating directly from a patient's sexual assault or victimization including, but not limited to the following:

(A) Testing for sexually transmitted diseases (STD) or human immunodeficiency virus (HIV) unless victim is under fourteen (14) years of age;

(B) Treatment/prophylaxis of STD or HIV;

(C) Any antibiotic prophylaxis;

(D) Pregnancy testing;

(E) Emergency contraception;

(F) Tetanus immunization;

(G) Wound care, laceration repair;

(H) Fractures/sprain treatment;

(I) Surgical procedures;

(J) Discharge instruction counseling; and

(K) Outpatient follow-up.

(6) Effective January 1, 2008 all claims for sexual assault forensic examination charges must be submitted to the department within one hundred twenty (120) days from the date of the forensic examination.

(7) The department, at its discretion, may require proof of completion of forensic examinations for auditing purposes.

**Missouri Department of Health and Senior Services
Sexual Assault Medical Treatment Checklist**

In response to HB 583 passed in the 94th General Assembly, First Regular Session (2007) and signed into law, the Missouri Department of Health and Senior Services was required to develop a medical treatment checklist for medical providers to refer to when caring for a victim of a sexual offense. This checklist is created with the assumption that a comprehensive examination was conducted and thus is not addressed in this checklist. This checklist is only a guide for treatment purposes and it includes, but is not limited to the following:

- ☐ Priority care and private room for patient
- ☐ Respond to patient safety concerns
- ☐ Transfer protocol (MOU/MOA) if needed
- ☐ HIV counseling
- ☐ STD counseling
- ☐ STD testing (microbiologic and serologic)
- ☐ STD treatment/prophylaxis
- ☐ HIV testing (if indicated by CDC)
- ☐ HIV treatment/prophylaxis (if indicated)
- ☐ Other antibiotic prophylaxis (if indicated)
- ☐ Pregnancy testing
- ☐ Emergency contraceptive treatment
- ☐ Tetanus immunization (if indicated)
- ☐ Laceration repair (if indicated)
- ☐ Wound care
- ☐ Fracture/sprain treatment (if necessary)
- ☐ Shower for hygiene after exam complete
- ☐ Clothing for discharge and other comfort supplies as needed
- ☐ Release of information to appropriate agencies (Crime Victims' Compensation, law enforcement, etc.)
- ☐ Discharge instructions and counseling
- ☐ Discharge safety plan as needed
- ☐ Out-patient follow up

Items on this checklist have no bearing on billing, as the Missouri Department of Health and Senior Services will not reimburse claims for medical treatment of a victim of a sexual offense.

Resources:

A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents),
US Department of Justice, Office of Violence Against Women, September 2004.
<http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

Evaluation and Management of the Sexually Abused Patient,
American College of Emergency Physicians, 1999.
http://www.acep.org/NR/rdonlyres/11E6C08D-6EE7-4EE2-8E59-5E8E6E684E43/0/sxa_handbook.pdf

Joint Council on Accreditation of Healthcare Organizations (JCAHO)
Joint Commission Standards PC.3.10
<http://www.endabuse.org/programs/display.php3?DocID=266>

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM**

- Missouri State Statute 191.225 RSMo requires appropriate medical providers to bill the Department of Health and Senior Services (DHSS) for the forensic examination of sexual assault victims to collect evidence.
- Sexual Assault Forensic Examination Forms for Adult Male, Adult Female and Children will be posted by October 1 to the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. These forms were designed by forensic exam experts to provide guidance for a standardized, quality forensic exam. Use of these exam forms is not mandatory and completed forms should **not** be submitted to DHSS for billing purposes. These forms were approved by the Attorney General's office.
- The Sexual Assault Forensic Examination Program Report is a one-page document that has been created to combine the consent for the exam, the release of information and the notification to the prosecuting attorney as well as the billing for a forensic exam. The medical provider shall send the Sexual Assault Forensic Examination Program Report within three business days of the completion of the forensic examination to the County Prosecuting Attorney's Office in the county where the alleged incident occurred. The form will be available October 1 on the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. The Missouri Prosecuting Attorney's website www.ago.mo.gov/countyprosecutors.htm lists prosecutors' contact information by county.
- The Sexual Assault Forensic Exam Checklist was developed by forensic examination experts to provide guidelines for a standardized, quality forensic exam. The checklist is also a guide to determine the level of care provided to sexual assault victims. Check all items as they apply to the level of care provided during the sexual assault forensic examination.
- The Sexual Assault Forensic Examination Program Report as well as the Sexual Assault Forensic Exam Checklist (check all of the appropriate boxes for services provided) should be completed and mailed with an itemized bill to:
Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
Sexual Assault Forensic Examination Program
930 Wildwood Drive
P.O. Box 570
Jefferson City, MO 65102-0570
Note: please include the provider's remit to address on the form.
Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam.
- The DHSS shall make payments to appropriate medical providers to cover the charges of the forensic examination of persons who may be victims of a sexual offense.
The victim is not to be billed for any sexual assault forensic examination charges.
All other medical charges should be billed to the appropriate billing agency.
- There are two other victim assistance organizations that may be useful to your patient/client:

Missouri Coalition Against Domestic and Sexual Violence (MCADSV) can refer clients to the nearest sexual assault service provider for additional support.

Phone: (573) 634-4161

Website: www.mocadsv.org

Missouri Crime Victims' Compensation may reimburse persons who have suffered injuries and financial loss due to certain crimes of violence.

Phone: (573) 526-6006

Website: <http://www.dps.mo.gov/CVC>

- If you need additional information about the Sexual Assault Forensic Examination (SAFE) Program, please contact the Department of Health and Senior Services at (573) 751-6210.

Rev. 8/07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SEXUAL ASSAULT FORENSIC EXAMINATION PROGRAM REPORT

EXAMINATION AND INCIDENT INFORMATION			
DATE OF EXAMINATION	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	COUNTY WHERE INCIDENT OCCURRED	DATE OF INCIDENT
EVALUATION FOR SUSPECTED ABUSE <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Other:			ALLEGED ABUSER
AGENCY PERSON REFERRING VICTIM FOR EXAM (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Victim <input type="checkbox"/> Parent or Guardian		REFERRING AGENCY OR PERSON NAME	PHONE NUMBER
<input type="checkbox"/> Children's Division <input type="checkbox"/> Law Enforcement			
<input type="checkbox"/> Health Care <input type="checkbox"/> Other _____		ADDRESS	
VICTIM INFORMATION			
VICTIM NAME		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			HISPANIC ETHNICITY <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM PARENT/GUARDIAN			
Parental consent for a sexual assault forensic exam is not required in cases of known or suspected child abuse. I hereby request a forensic examination for evaluation of sexual assault. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area. I understand that a copy of this form will be sent to the Prosecuting Attorney in the county where the alleged sexual assault occurred. I further understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Health and Senior Services for billing purposes.			
SIGNATURE OF (CHECK ONE) <input type="checkbox"/> Victim <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		SIGNATURE	
AUTHORIZATION FOR FORENSIC EXAMINATION - REQUESTING AGENCY			
I request a forensic examination and collection of evidence for suspected sexual abuse.			
AGENCY	SIGNATURE		DATE
EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this victim and a copy of this form has been submitted within three business days to the prosecuting attorney in the county where the alleged offense occurred.			
FACILITY NAME		FACILITY ADDRESS	
MEDICAL PROVIDER NAME AND TITLE		COUNTY OF FACILITY	PHONE NUMBER
STATE MEDICAL/NURSING LICENSE NUMBER			
SIGNATURE OF MEDICAL PROVIDER		SIGNATURE OF CO-EXAMINER (IF APPLICABLE)	
FOR CHILDREN'S DIVISION USE ONLY			
Incident Number:	Report Date:	Conclusion:	
BILLING INSTRUCTIONS			
Effective August 28, 2007, the Department of Health and Senior Services (DHSS) is the first payer for all sexual assault forensic examination charges (RSMo 191.225). Medical providers shall not bill victims for the sexual assault forensic examination. The DHSS will only pay for the forensic exam, not the medical treatment, for sexual assault victims. All other medical charges should be billed to the appropriate billing agency. Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam. For payments, submit an itemized invoice (including CPT codes if available), the completed checklist and this form to: Missouri Department of Health and Senior Services Bureau of Genetics and Healthy Childhood Sexual Assault Forensic Examination Program PO Box 570 Jefferson City, MO 65102-0570			
NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION			PHONE
REMIT TO ADDRESS:			

Missouri Department of Health and Senior Services (DHSS) Sexual Assault Forensic Exam Checklist**Check all items as provided during the sexual assault forensic exam.**

- ☐ Utilized appropriate evidence collection kit (Kansas City, St. Louis or Highway Patrol Lab)
- ☐ Completed screening exam for Emergency Medical Condition
- ☐ Activated bedside advocacy
- ☐ Activated interpreter
- ☐ Interventions for disabilities
- ☐ Obtained history of assault (including narrative)
- ☐ Obtained history of drug facilitated sexual assault (if indicated)
- ☐ Obtained consent for evaluation and treatment
- ☐ Obtained consent for evidentiary SAFE exam
- ☐ Obtained consent for photography
- ☐ Obtained consent for drug screening (if drug facilitated assault indicated)
- ☐ Obtained consent for release of information to all appropriate agencies
- ☐ Obtained consent for law enforcement activation (per patient request)
- ☐ Collected urine for drug facilitated sexual assault
- ☐ Collected underwear worn during or immediately after the assault
- ☐ Collected clothing, as forensically indicated, in brown paper bags, sealed and labeled
- ☐ Obtained swabs & smears from all areas that victim states were bitten or licked
- ☐ Obtained swabs & smears from appropriate areas as identified using an alternative light source
- ☐ Collected blood standard (if forensically indicated)
- ☐ Utilized crime scene investigators for bite mark impressions (if forensically indicated)
- ☐ Collected oral swab for DNA Standard. (if forensically indicated)
- ☐ Collected oral swabs & smear (if orally assaulted)
- ☐ Collected anal swabs & smear (if forensically indicated)
- ☐ Collected vaginal swabs & smear (if forensically indicated)
- ☐ Collected cervical swabs & smear (if forensically indicated)
- ☐ Collected penile swabs & smear (if forensically indicated)
- ☐ Collected head hair standard (if forensically indicated)
- ☐ Collected pubic hair standard (if forensically indicated)
- ☐ Completed toluidine dye exam (if forensically indicated)
- ☐ Completed X-rays (if indicated)
- ☐ Completed CTs (if indicated)
- ☐ Collected unknown sample(s) (if forensically indicated)

Describe:

-
- ☐ Collected fingernail scrapings (if forensically indicated)
 - ☐ Photography: (with colposcope or digital)
 - ☐ Genital photography by forensic examiner
 - ☐ Non-genital photography by forensic examiner
 - ☐ Less than 10 photos
 - ☐ More than 10 photos
 - ☐ Forensic evidence storage/log (as indicated)
 - ☐ Completion of DHSS Adult Female Sexual Assault Exam Form, Adult Male Sexual Assault Exam Form, or Child Sexual Assault Exam Form
 - ☐ Confidential forensic patient file separate from general hospital medical records
 - ☐ Forensic exam conducted by forensically trained physician or healthcare provider such as a Sexual Assault Nurse Examiner (SANE)

- Federal Violence Against Women Act prohibits mandatory reporting to law enforcement to obtain services.

Resources:

U.S. Department of Justice, National Protocol for Sexual Assault Medical Forensic Examinations (9/04)

Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians (6/99)

AUTHORITY: section 191.225, RSMo (SS for SCS for HCS for HB 583, 94th General Assembly, First Regular Session (2007)). Emergency rule filed Sept. 6, 2007, effective Sept. 16, 2007, terminated Nov. 3, 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expires March 13, 2008. A proposed rule covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 5—General Rules

EMERGENCY RULE

**20 CSR 2150-5.025 Administration of Influenza Vaccines Per
Protocol**

PURPOSE: This rule establishes the procedures for pharmacists to administer viral influenza vaccinations per written protocol with a physician.

EMERGENCY STATEMENT: During the First Regular Session of the 94th General Assembly, Senate Substitute for Senate Bill 195 was passed. This legislation amended the definition of “practice of pharmacy” to include the administration of viral influenza vaccines by written protocol authorized by a physician for those over twelve (12) years old; and authorized the State Board of Registration for the Healing Arts and the Missouri State Board of Pharmacy to jointly promulgate rules related to the use of protocols for the administration of viral influenza vaccines.

This emergency rule is necessary to preserve a compelling governmental interest requiring an early effective date of the rule to allow the Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts to establish a procedure for pharmacists to administer viral influenza vaccinations prior to the 2007-2008 flu season. If the state experiences an “average” or severe flu season, the impact on patient health and health care costs could be significant as the flu is a common cause of preventable hospitalizations and even death in vulnerable populations.

Between one thousand five hundred (1,500) and three thousand (3,000) deaths per year are reported in Missouri due to influenza and related pneumonias. Studies have documented the value of annual viral influenza vaccine programs in preventing hospitalizations and deaths. A number of barriers—including logistics, costs associated with the trained personnel needed to administer an injection, in addition to patient and physician compliance—have made influenza vaccine programs difficult, inconvenient, and expensive.

In Missouri pharmacists are often the most assessable health care provider, especially in rural areas of the state. As the public demand for this service has increased, pharmacists have started filling this gap by providing viral influenza vaccinations. Nationwide pharmacists have administered millions of doses of vaccinations for over ten (10) years, enhancing the capacity of the health-care system to effectively deliver vaccine to adults.

Immediate adoption of rules, authorizing pharmacists to administer vaccinations, will help prevent unnecessary hospitalizations and unnecessary deaths associated with influenza in Missouri, especially in the medically underserved rural areas of the state. Adoption of these rules only through the ordinary rulemaking process will leave the people of the state of Missouri without the benefit of SB 195 (2007) in the 2007-2008 flu season.

As a result, the Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts jointly find that there is an immediate danger to the public health, safety and/or welfare and a compelling governmental interest that require this emergency action. A proposed rule, which covers the same material, is

published in this issue of the Missouri Register. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts believe this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed October 24, 2007, effective November 3, 2007, expires April 30, 2008.

- (1) A pharmacist may administer viral influenza vaccinations:
 - (A) To persons twelve (12) years of age or older; and
 - (B) Pursuant to a written protocol authorized by a physician licensed pursuant to Chapter 334, RSMo, who is actively engaged in the practice of medicine in the state of Missouri.
- (2) A pharmacist may not delegate the administration of viral influenza vaccinations to another person.
- (3) The authorizing physician is responsible for the oversight of, and accepts responsibility for, the viral influenza vaccinations administered by the pharmacist.
- (4) Pharmacist Qualifications—A pharmacist who is administering viral influenza vaccinations must:
 - (A) Hold a current, unrestricted license to practice pharmacy in this state;
 - (B) Hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;
 - (C) Successfully complete a certificate program in the administration of viral influenza vaccinations accredited by the Centers for Disease Control, the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the board;
 - (D) Maintain documentation of the above certifications;
 - (E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education per year related to administration of viral influenza vaccinations. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;
 - (F) Provide documentation of (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering viral influenza vaccinations; and
 - (G) On a yearly basis prior to administering viral influenza vaccinations, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of (A), (B), (C), (E), and (F) of this section.
- (5) General Requirements.
 - (A) A pharmacist shall administer viral influenza vaccinations in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC) and in accordance with manufacturer’s guidelines.
 - (B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.
- (6) Administration by Written Protocol with a Missouri Licensed Physician.
 - (A) A pharmacist may enter into a written protocol with a physician practicing no further than fifty (50) miles by road for the administration of viral influenza vaccinations to patients twelve (12) years of age or older. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:
 1. The identity of the participating pharmacist and physician, including signatures;

2. Time period of the protocol;
3. The identification of the viral influenza vaccination which may be administered;
4. The identity of the patient or groups of patients to receive the authorized viral influenza vaccination;
5. The identity of the authorized routes and sites of administration allowed;
6. A provision to create a prescription for each administration under the authorizing physician's name;
7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;
8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;
9. A provision establishing the disposal of used and contaminated supplies;
10. The identity of the location at which the pharmacist may administer the authorized viral influenza vaccination;
11. Record keeping requirements and procedures for notification of administration; and
12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.

(7) Record Keeping.

(A) A pharmacist who administers a viral influenza vaccination shall maintain the following records regarding each administration. These records must be separate from the prescription files of a pharmacy and include:

1. The name, address, and date of birth of the patient;
2. The date, route, and site of the administration;
3. The name, dose, manufacturer, lot number, and expiration date of the vaccination;
4. The name and address of the patient's primary health care provider, as identified by the patient;
5. The name or identifiable initials of the administering pharmacist; and
6. The nature of an adverse reaction and who was notified, if applicable.

(B) All administrations of viral influenza vaccinations must have a prescription as authorized by protocol on file within seventy-two (72) hours after administration at a pharmacy documenting the dispensing of the drug.

(C) All records required by this regulation shall be kept by the pharmacist and be available for two (2) years from the date of such record, for inspecting and copying by the authorizing physician, the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

(8) Notification Requirement.

(A) A pharmacist administering viral influenza vaccinations shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;
2. The identity of the viral influenza vaccination administered;
3. The route of administration;
4. The site of the administration;
5. The dose administered; and
6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this

section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering viral influenza vaccinations shall report the administration to all entities as required by state or federal law.

AUTHORITY: sections 334.125 and 338.010, RSMo as amended by SB 109 2007. Emergency rule filed Oct. 24, 2007 effective Nov. 3, 2007, expires April 30, 2008. A proposed rule covering this same material is published in this issue of the Missouri Register.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 7—Licensing of Physician Assistants

EMERGENCY AMENDMENT

20 CSR 2150-7.135 Physician Assistant Supervision Agreements.

The board is proposing to amend subsection (1)(A), delete section (3) add new sections (3)–(5), delete section (7), renumber the remaining sections accordingly and amend the new sections (6), (10), (11), and (12).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, references to 4 CSR 2250 are being amended throughout the rule. This amendment also defines a Health Professional Shortage Area and clarifies some parts of the rule.

EMERGENCY STATEMENT: Absence of an emergency amendment will disrupt the continuity of healthcare in health professional shortage areas (HPSA), thus negatively impacting the public health, safety, and welfare. In HPSAs, there is a shortage of healthcare professionals which has led to the reliance on physician assistants by these communities.

HB 497, which was passed by the Missouri Legislature and signed into law by the governor in 2007 requires a physician supervision requirement of sixty-six percent (66%) on-site supervision. HB 497 further allows for less than sixty-six percent (66%) supervision, by waiver, in HPSAs. Waivers are to be provided by the board, pursuant to properly promulgated rules. The only exception allowed by HB 497 prior to the promulgation of this amendment, is a statutory exemption from the sixty-six percent (66%) supervision for physician-physician assistant teams in HPSAs, provided that these teams were in place on April 1, 2007.

Since April 1, 2007, several physician-physician assistant teams have either changed members or have completely been eliminated and replaced by new teams. The physicians in these newly formed teams are required to provide sixty-six percent (66%) supervision until they are able to obtain a waiver from the board pursuant to properly promulgated rules. The need for these teams to be allowed to operate in HPSAs as soon as possible without sixty-six percent (66%) supervision creates the need for an expedited emergency amendment.

Due to the shortage of healthcare professionals in HPSAs, supervising physicians must travel to several different locations to care for patients and are unable to provide sixty-six percent (66%) on-site supervision over their physician assistants. Therefore, absent this

emergency amendment expediting the waiver process, physician assistants in these HPSAs will be required to reduce the number of hours they provide care to patients in order to comply with the sixty-six percent (66%) supervision requirement of HB 497. This, in turn, will cause a disruption in the continuity of healthcare in HPSAs and negatively impact the public health, safety, and welfare in the absence of this emergency amendment. There is a compelling governmental interest in allowing an expedited waiver process to be implemented pursuant to HB 497 for physician assistants who are members of newly formed physician-physician assistant teams or changed teams. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The State Board of Registration for the Healing Arts has determined that this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on October 19, 2007, effective October 29, 2007, expires April 25, 2008.

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) Supervising physician—shall mean a physician so designated pursuant to [4 CSR 150-7.100(4)] **20 CSR 2150-7.100(4)** who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine. A physician meeting these requirements but not so designated may serve as a supervising physician, upon signing a physician assistant supervision agreement for times not to exceed fifteen (15) days, when the supervising physician is unavailable if so specified in the physician assistant supervision agreement;

[(3) A supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times be immediately available to the licensed physician assistant for consultation, assistance, and intervention within the same office facility unless making follow-up patient examinations in hospitals, nursing homes and correctional facilities pursuant to section 334.735.1(8), RSMo or unless practicing under federal law. No physician assistant shall practice without physician supervision or in any location where a supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, pursuant to federal law, or as provided in section 334.735.9, RSMo.]

(3) Except in an emergency situation a supervising physician as designated pursuant to **20 CSR 2150-7.100(4)** or otherwise in the physician assistant supervision agreement shall at all times during patient care be readily available to the licensed physician assistant in person or via telecommunication.

(4) Unless the physician-physician assistant team has received a waiver pursuant to **20 CSR 2150-7.136**, the supervising physician as designated pursuant to **20 CSR 2150-7.100(4)** must be on-site sixty-six percent (66%) of the time that the physician assistant is practicing. This sixty-six percent (66%) on-site supervision must be provided each calendar month.

(5) The on-site supervision required in **20 CSR 2150-7.135(4)** shall not apply when a physician assistant is making follow-up patient examinations in hospitals, patient homes, nursing homes and correctional facilities without a supervising physician's presence.

[(4)] (6) A physician assistant shall be limited to [making follow-up patient examinations in hospitals, nursing homes and correctional facilities] **practicing at locations** where the supervising physician as designated pursuant to [4 CSR 150-7.100(4)] **20 CSR 2150-7.100(4)** or otherwise in the physician assistant supervision agreement, is no further than thirty (30) miles by road, using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention, supervision of patient care or adequate review of services, **unless the supervising physician-physician assistant team receives a waiver pursuant to 20 CSR 2150-7.136**. Physician assistants [practicing in federally designated health professional shortage areas (HPSAs), shall be limited to practice locations where the supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further] **whose teams receive such waivers must practice no farther than fifty (50) miles by road, using the most direct route available from the supervising physician.**

[(5)] (7) No physician may be designated to serve as supervising physician for more than three (3) full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant supervision agreements of hospital employees providing in-patient care services in hospitals as defined in Chapter 197, RSMo.

[(6)] (8) Upon entering into a physician assistant supervision agreement, the supervising physician shall be familiar with the level of skill, training and the competence of the licensed physician assistant whom the physician will be supervising. The provisions contained in the physician assistant supervision agreement between the licensed physician assistant and the supervising physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant's skill, training and competence.

[(7) A licensed physician assistant practicing pursuant to a physician assistant supervision agreement shall work in the same office facility as the supervising physician except as provided in section 334.735.1(8), RSMo and 4 CSR 150-7.135(3) and (4).]

[(8)] (9) The delegated health care services provided for in the physician assistant supervision agreement shall be consistent with the scopes of practice of both the supervising physician and licensed physician assistant including, but not limited to, any restrictions placed upon the supervising physician's practice or license.

[(9)] (10) The physician assistant supervision agreement between a supervising physician and a licensed physician assistant shall—

(A) Include consultation, transportation and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices in a setting where a supervising physician is not continuously present;

(B) Include the method and frequency of review of the licensed physician assistant's practice activities;

(C) Be reviewed at least annually and revised as the supervising physician and licensed physician assistant deem necessary;

(D) Be maintained by the supervising physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement;

(E) Be signed and dated by the supervising physician, **alternate supervising physician(s)** and licensed physician assistant prior to its implementation; and

(F) Contain the mechanisms for input for serious or significant changes to a patient.

[(10)] (11) It is the responsibility of the supervising physician to determine and document the completion of [at least] a one

(1)-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before *[making follow-up visits in hospitals, nursing homes and correctional facilities.] practicing in a setting where a supervising physician is not continuously present. A one (1)-month period shall consist of a minimum of one hundred twenty (120) hours in a consecutive thirty (30)-day period.*

[(11)](12) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. For nursing home practice, such review shall occur at least once a month. *[The supervising physician and the licensed physician assistant shall conduct this review at the site of service except in extraordinary circumstances which shall be documented.]* The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

[(12)](13) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo 2000 as amended by House Bill 497 (2007). This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 19, 2007, effective Oct. 29, 2007, expires April 25, 2008. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 7—Licensing of Physician Assistants

EMERGENCY RULE

20 CSR 2150-7.136 Request for Waiver

PURPOSE: This rule establishes procedures for individual physician-physician assistant teams to apply for alternate minimum amounts of on-site supervision and maximum distance between the supervising physician and physician assistant.

EMERGENCY STATEMENT: Absence of an emergency rule will disrupt the continuity of healthcare in health professional shortage areas (HPSA), thus negatively impacting the public health, safety, and welfare. In HPSAs, there is a shortage of healthcare professionals which has led to the reliance on physician assistants by these communities.

HB 497, which was passed by the Missouri Legislature and signed into law by the governor in 2007 requires a physician supervision requirement of sixty-six percent (66%) on-site supervision. HB 497 further allows for less than sixty-six percent (66%) supervision, by waiver, in HPSAs. Waivers are to be provided by the board, pursuant to properly promulgated rules. The only exception allowed by HB 497 prior to the promulgation of this rule, is a statutory exemption from the sixty-six percent (66%) supervision for physician-physician assistant teams in HPSAs, provided that these teams were in place on April 1, 2007.

Since April 1, 2007, several physician-physician assistant teams have either changed members or have completely been eliminated and replaced by new teams. The physicians in these newly formed teams are required to provide sixty-six percent (66%) supervision until they are able to obtain a waiver from the board pursuant to properly promulgated rules. The need for these teams to be allowed to operate in HPSAs as soon as possible creates the need for an expedited emergency rulemaking.

Due to the shortage of healthcare professionals in HPSAs, supervising physicians must travel to several different locations to care for patients and are unable to provide sixty-six percent (66%) on-site supervision over their physician assistants. Therefore, absent this emergency rule expediting the waiver process, physician assistants in these HPSAs will be required to reduce the number of hours they provide care to patients in order to comply with the sixty-six percent (66%) supervision requirement of HB 497. This, in turn, will cause a disruption in the continuity of healthcare in HPSAs and negatively impact the public health, safety, and welfare in the absence of this emergency rule. There is a compelling governmental interest in allowing an expedited waiver process to be implemented pursuant to HB 497 for physician assistants who are members of newly formed physician-physician assistant teams or changed teams. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The State Board of Registration for the Healing Arts has determined that this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed on October 19, 2007, effective October 29, 2007, expires April 25, 2008.

(1) A physician-physician assistant team may make application upon forms obtained from the board for a waiver from the minimum on-site supervision and maximum distance requirements specified in section 334.735.1(8), RSMo. No application will be considered unless fully and completely made out on the specified form and properly attested to by both members of the physician-physician assistant team.

(2) Applications must state:

(A) The names, license numbers and telephone numbers of the physician assistant and the supervising physician(s) who make up the physician-physician assistant team;

(B) The specialty of physician assistant and supervising physician(s) who make up the physician-physician assistant team;

(C) The location(s) where the physician assistants will practice and the location(s) of the supervising physician when the physician assistants will be practicing;

(D) How the community or communities served by the supervising physician-physician assistant team would experience reduced access to health care services in the absence of a waiver;

(E) If the practice location is a health professional shortage area;

(F) Whether the clinic is designated as a Federally Qualified Health Center or Rural Health Clinic; and

(G) The amount and type of supervision that will be provided to the physician assistant.

(3) Applications for a waiver will be first considered by the advisory commission for physician assistants. The advisory commission will make a recommendation to the board and will receive the board's advice and consent before approval or denial of an application.

(4) When the advisory commission receives a waiver application, it will publish notice of the application on the board's website and invite public comments. The advisory commission will consider any comments received from members of the public up to fifteen (15) days from the notice in determining whether to recommend approval or denial of the application.

(5) The advisory commission and the board will determine whether an individual physician-physician assistant team meets the criteria for a waiver outlined in section 334.735.2, RSMo using the information provided in the waiver application and the best information available to the board on the availability of health care services in the community or communities served by the physician-physician assistant team. The advisory commission and the board will utilize the most recently available information from the United States Department of Health and Human Services, Health Resources and Services Administration on the extent of health professional shortage areas.

(6) If the advisory commission and the board approve a waiver, the advisory commission and board may establish an alternate minimum amount of time the supervising physician must be on-site while the physician assistant practices. The physician must be on-site a minimum of once every two (2) weeks. The advisory commission and board may also establish an alternate maximum distance between the supervising physician and physician assistant. The alternate maximum distance may not exceed fifty (50) miles.

(7) Once the advisory commission and the board approve a waiver for a physician-physician assistant team, the waiver will remain in effect for one (1) year from the date of issuance.

(8) The physician-physician assistant team will notify the advisory commission and board of any changes to the waiver application data within fifteen (15) days of the change.

(9) If a member of the physician-physician assistant team changes or if any of the eligibility requirements as stated in section 334.735.2, RSMo change, then the physician-physician assistant team must request a new waiver.

(10) The board may refuse to issue a waiver to a physician-physician assistant team if either applicant has previously violated the terms of a prior waiver granted pursuant to section 334.735.2, RSMo.

(11) The Board of Healing Arts may void a current waiver after conducting a hearing and upon a finding of fact that the physician-physician assistant team has failed to comply with the requirements of the waiver.

AUTHORITY: sections 334.125 and 334.735, RSMo as amended by HB 497 (2007). Emergency rule filed Oct. 19, 2007, effective Oct. 29, 2007, expires April 25, 2008. A proposed rule covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2220—State Board of Pharmacy
Chapter 6—Pharmaceutical Care Standards**

EMERGENCY RULE

20 CSR 2220-6.050 Administration of Influenza Vaccines Per Protocol

PURPOSE: This rule establishes the procedures for pharmacists to administer viral influenza vaccinations per written protocol with a physician.

EMERGENCY STATEMENT: During the First Regular Session of the 94th General Assembly, Senate Substitute for Senate Bill 195 was passed. This legislation amended the definition of "practice of pharmacy" to include the administration of viral influenza vaccines by written protocol authorized by a physician for those over twelve (12)

years old; and authorized the State Board of Registration for the Healing Arts and the Missouri State Board of Pharmacy to jointly promulgate rules related to the use of protocols for the administration of viral influenza vaccines.

This emergency rule is necessary to preserve a compelling governmental interest requiring an early effective date of the rule to allow the Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts to establish a procedure for pharmacists to administer viral influenza vaccinations prior to the 2007–2008 flu season. If the state experiences an "average" or severe flu season, the impact on patient health and health care costs could be significant as the flu is a common cause of preventable hospitalizations and even death in vulnerable populations.

Between one thousand five hundred (1,500) and three thousand (3,000) deaths per year are reported in Missouri due to influenza and related pneumonias. Studies have documented the value of annual viral influenza vaccine programs in preventing hospitalizations and deaths. A number of barriers—including logistics, costs associated with the trained personnel needed to administer an injection, in addition to patient and physician compliance—have made influenza vaccine programs difficult, inconvenient, and expensive.

In Missouri pharmacists are often the most assessable health care provider, especially in rural areas of the state. As the public demand for this service has increased, pharmacists have started filling this gap by providing viral influenza vaccinations. Nationwide pharmacists have administered millions of doses of vaccinations for over ten (10) years, enhancing the capacity of the health-care system to effectively deliver vaccine to adults.

Immediate adoption of rules, authorizing pharmacists to administer vaccinations, will help prevent unnecessary hospitalizations and unnecessary deaths associated with influenza in Missouri, especially in the medically underserved rural areas of the state. Adoption of these rules only through the ordinary rulemaking process will leave the people of the state of Missouri without the benefit of SB 195 (2007) in the 2007–2008 flu season.

As a result, the Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts jointly find that there is an immediate danger to the public health, safety and/or welfare and a compelling governmental interest that require this emergency action. A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Missouri State Board of Pharmacy and the Missouri Board of Registration for the Healing Arts believe this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed October 24, 2007, effective November 3, 2007, expires April 30, 2008.

(1) A pharmacist may administer viral influenza vaccinations:

(A) To persons twelve (12) years of age or older; and

(B) Pursuant to a written protocol authorized by a physician licensed pursuant to Chapter 334, RSMo, who is actively engaged in the practice of medicine in the state of Missouri.

(2) A pharmacist may not delegate the administration of viral influenza vaccinations to another person.

(3) The authorizing physician is responsible for the oversight of, and accepts responsibility for, the viral influenza vaccinations administered by the pharmacist.

(4) Pharmacist Qualifications—A pharmacist who is administering viral influenza vaccinations must:

(A) Hold a current, unrestricted license to practice pharmacy in this state;

(B) Hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(C) Successfully complete a certificate program in the administration of viral influenza vaccinations accredited by the Centers for Disease Control, the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the board;

(D) Maintain documentation of the above certifications;

(E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education per year related to administration of viral influenza vaccinations. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;

(F) Provide documentation of (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering viral influenza vaccinations; and

(G) On a yearly basis prior to administering viral influenza vaccinations, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of (A), (B), (C), (E), and (F) of this section.

(5) General Requirements.

(A) A pharmacist shall administer viral influenza vaccinations in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC) and in accordance with manufacturer's guidelines.

(B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(6) Administration by Written Protocol with a Missouri Licensed Physician.

(A) A pharmacist may enter into a written protocol with a physician practicing no further than fifty (50) miles by road for the administration of viral influenza vaccinations to patients twelve (12) years of age or older. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:

1. The identity of the participating pharmacist and physician, including signatures;
2. Time period of the protocol;
3. The identification of the viral influenza vaccination which may be administered;
4. The identity of the patient or groups of patients to receive the authorized viral influenza vaccination;
5. The identity of the authorized routes and sites of administration allowed;
6. A provision to create a prescription for each administration under the authorizing physician's name;
7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;
8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;
9. A provision establishing the disposal of used and contaminated supplies;
10. The identity of the location at which the pharmacist may administer the authorized viral influenza vaccination;
11. Record keeping requirements and procedures for notification of administration; and
12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the pro-

tol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.

(7) Record Keeping.

(A) A pharmacist who administers a viral influenza vaccination shall maintain the following records regarding each administration. These records must be separate from the prescription files of a pharmacy and include:

1. The name, address, and date of birth of the patient;
2. The date, route, and site of the administration;
3. The name, dose, manufacturer, lot number, and expiration date of the vaccination;
4. The name and address of the patient's primary health care provider, as identified by the patient;
5. The name or identifiable initials of the administering pharmacist; and
6. The nature of an adverse reaction and who was notified, if applicable.

(B) All administrations of viral influenza vaccinations must have a prescription as authorized by protocol on file within seventy-two (72) hours after administration at a pharmacy documenting the dispensing of the drug.

(C) All records required by this regulation shall be kept by the pharmacist and be available for two (2) years from the date of such record, for inspecting and copying by the authorizing physician, the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

(8) Notification Requirement.

(A) A pharmacist administering viral influenza vaccinations shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;
2. The identity of the viral influenza vaccination administered;
3. The route of administration;
4. The site of the administration;
5. The dose administered; and
6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering viral influenza vaccinations shall report the administration to all entities as required by state or federal law.

AUTHORITY: sections 338.010 and 338.140, RSMo as amended by SB 109 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expires April 30, 2008. A proposed rule covering this same material is published in this issue of the Missouri Register.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2006.

**EXECUTIVE ORDER
07-32**

TO ALL DEPARTMENTS AND AGENCIES:

This is to advise that state offices will be closed on Friday, November 23, 2007.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23rd day of October, 2007.

A handwritten signature in black ink that reads "Matt Blunt". The signature is written in a cursive style with a large, stylized "M" and "B".

**Matt Blunt
Governor**

ATTEST:

A handwritten signature in black ink that reads "Robin Carnahan". The signature is written in a cursive style with a large, stylized "R" and "C".

**Robin Carnahan
Secretary of State**

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 3—Filing and Reporting Requirements**

PROPOSED RULE

4 CSR 240-3.162 Electric Utility Environmental Cost Recovery Mechanisms Filing and Submission Requirements

(1) As used in this rule, the following terms mean:

(A) EFIS means the electronic filing and information system of the commission;

(B) Electric utility means electrical corporation as defined in section 386.020, RSMo, subject to commission regulation pursuant to Chapters 386 and 393, RSMo;

(C) Environmental compliance plan means a twenty (20)-year forecast of environmental compliance investments and a detailed four

(4)-year plan for complying with federal, state, and local environmental laws, regulations and rules. The four (4)-year plan will include plans to use emission allowances for compliance, plans for emission allowance transactions and, on a generation unit basis, plans for investments in emission control equipment. The environmental compliance plan shall be consistent with the implementation plan of the most recent resource plan filing except as otherwise explained by the electric utility. Approval of an Environmental Cost Recovery Mechanism (ECRM) does not imply approval or predetermination of prudence of the environmental compliance plan;

(D) Environmental Cost Recovery Mechanism (ECRM) means a mechanism established in a general rate proceeding that allows periodic rate adjustments, outside a general rate proceeding, to reflect the net increases or decreases in an electric utility's environmental costs;

(E) Environmental costs means prudently incurred costs, both capital and expense, directly related to compliance with any federal, state, or local environmental law, regulation or rule.

1. Environmental costs do not include fuel and purchased power costs as defined in 4 CSR 240-3.161(1)(A).

2. Prudently incurred costs do not include any increased costs resulting from negligent or wrongful acts or omissions by the utility;

(F) General rate proceeding means a general rate increase proceeding or complaint proceeding before the commission in which all relevant factors that may affect the costs, or rates and charges of the electric utility are considered by the commission; and

(G) Rate class is a customer class defined in an electric utility's tariff. Generally, rate classes include Residential, Small General Service, Large General Service and Large Power Service, but may include additional rate classes. Each rate class includes all customers served under all variations of the rate schedules available to that class.

(2) When an electric utility files to establish an ECRM as described in 4 CSR 240-20.091(2), the electric utility shall file the following supporting information as part of, or in addition to, its direct testimony:

(A) An example of the notice to be provided to customers as required by 4 CSR 240-20.091(2)(E);

(B) An example customer bill showing how the proposed ECRM shall be separately identified on affected customers' bills in accordance with 4 CSR 240-20.091(8);

(C) Proposed ECRM rate schedules;

(D) A general description of the design and intended operation of the proposed ECRM;

(E) A complete explanation of how the proposed ECRM is reasonably designed to provide the electric utility a sufficient opportunity to earn a fair return on equity;

(F) A complete explanation of how the proposed ECRM shall be trued-up to reflect over- or under-collections on at least an annual basis;

(G) A complete description of how the proposed ECRM is compatible with the requirement for prudence reviews;

(H) A complete explanation of all the costs that shall be considered for recovery under the proposed ECRM and the specific account used for each cost item on the electric utility's books and records;

(I) A complete explanation of all of the costs, both capital and expense, incurred to comply with any current federal, state, or local environmental law, regulation or rule that the electric utility is proposing be included in base rates and the specific account used for each cost item on the electric utility's books and records;

(J) A complete explanation of all the revenues that shall be considered in the determination of the amount eligible for recovery under the proposed ECRM and the specific account where each such revenue item is recorded on the electric utility's books and records;

(K) A complete explanation of any feature designed into the proposed ECRM or any existing electric utility policy, procedure, or

practice that can be relied upon to ensure that only prudent costs shall be eligible for recovery under the proposed ECRM;

(L) For each of the major categories of costs that the electric utility seeks to recover through its proposed ECRM, a complete explanation of the specific rate class cost allocations and rate design used to calculate the proposed base amount of environmental costs in permanent rates and any subsequent ECRM rate adjustments during the term of the proposed ECRM;

(M) A complete explanation of any change in business risk to the electric utility resulting from implementation of the proposed ECRM in setting the electric utility's allowed return in any rate proceeding, in addition to any other changes in business risk experienced by the electric utility;

(N) The electric utility's environmental compliance plan including a complete description of—

1. The electric utility's long-term environmental compliance planning process;

2. The analysis performed to develop the electric utility's environmental compliance plan; and

3. If the environmental compliance plan is inconsistent with the electric utility's most recent resource plan filing, a detailed explanation of why such inconsistencies exist; and

(O) Authorization for the commission staff to release the previous five (5) years of historical surveillance reports submitted to the commission staff by the electric utility to all parties to the case.

(3) When an electric utility files a general rate proceeding following the general rate proceeding that established its ECRM as described by 4 CSR 240-20.091(2) in which it requests that its ECRM be continued or modified, the electric utility shall file with the commission and serve parties, as provided in sections (9) through (11) in this rule, the following supporting information as part of, or in addition to, its direct testimony:

(A) An example of the notice to be provided to customers as required by 4 CSR 240-20.091(2)(E);

(B) If the electric utility proposes to change the identification of the ECRM on the customer's bill, an example customer bill showing how the proposed ECRM shall be separately identified on affected customers' bills, including the proposed language, in accordance with 4 CSR 240-20.091(8);

(C) Proposed ECRM rate schedules;

(D) A general description of the design and intended operation of the proposed ECRM;

(E) A complete explanation of how the proposed ECRM is reasonably designed to provide the electric utility a sufficient opportunity to earn a fair return on equity;

(F) A complete explanation of how the proposed ECRM shall be true-up to reflect over- or under-collections on at least an annual basis;

(G) A complete description of how the proposed ECRM is compatible with the requirement for prudence reviews;

(H) A complete explanation of all the costs that shall be considered for recovery under the proposed ECRM and the specific account used for each cost item on the electric utility's books and records;

(I) A complete explanation of all of the costs, both capital and expense, incurred to comply with any current federal, state, or local environmental law, regulation or rule that the electric utility is proposing be included in base rates and the specific account used for each cost item on the electric utility's books and records;

(J) A complete explanation of all the revenues that shall be considered in the determination of the amount eligible for recovery under the proposed ECRM and the specific account where each such revenue item is recorded on the electric utility's books and records;

(K) A complete explanation of any feature designed into the proposed ECRM or any existing electric utility policy, procedure, or practice that can be relied upon to ensure that only prudent costs shall be eligible for recovery under the proposed ECRM;

(L) For each of the major categories of costs that the electric util-

ity seeks to recover through its proposed ECRM, a complete explanation of the specific rate class cost allocations and rate design used to calculate the proposed base amount of environmental costs in permanent rates and any subsequent ECRM rate adjustments during the term of the proposed ECRM;

(M) A complete explanation of any change in business risk to the electric utility resulting from implementation of the proposed ECRM in setting the electric utility's allowed return in any rate proceeding, in addition to any other changes in business risk experienced by the electric utility;

(N) A description of how responses to subsections (3)(B) through (M) differ from responses to subsections (3)(B) through (M) for the currently approved ECRM;

(O) The electric utility's environmental compliance plan including a complete description of—

1. The electric utility's long-term environmental compliance planning process;

2. The analysis performed to develop the electric utility's environmental compliance plan; and

3. If the environmental compliance plan is inconsistent with the electric utility's most recent resource plan filing, a detailed explanation of why such inconsistencies exist; and

(P) Any additional information that may have been ordered by the commission in the prior general rate proceeding to be provided.

(4) When an electric utility files a general rate proceeding following the general rate proceeding that established its ECRM as described in 4 CSR 240-20.091(3) in which it requests that its ECRM be discontinued, the electric utility shall file with the commission and serve parties as provided in sections (9) through (11) in this rule, the following supporting information as part of, or in addition to, its direct testimony:

(A) An example of the notice to be provided to customers as required by 4 CSR 240-20.091(3)(B);

(B) A complete explanation of how the over-collection or under-collection of the ECRM that the electric utility is proposing to discontinue shall be handled;

(C) A complete explanation of why the ECRM is no longer necessary to provide the electric utility a sufficient opportunity to earn a fair return on equity;

(D) A complete explanation of any change in business risk to the electric utility resulting from discontinuation of the ECRM in setting the electric utility's allowed return, in addition to any other changes in business risk experienced by the electric utility; and

(E) Any additional information that may have been ordered by the commission in the prior general rate proceeding to be provided.

(5) Each electric utility with an ECRM shall submit, with an affidavit attesting to the veracity of the information, the following information on a monthly basis to the manager of the auditing department of the commission, the Office of the Public Counsel (OPC) and others, as provided in sections (9) through (11) in this rule. The information may be submitted to the manager of the auditing department through EFIS. The following information shall be aggregated by month and supplied no later than sixty (60) days after the end of each month when the ECRM is in effect. The first submission shall be made within sixty (60) days after the end of the first complete month after the ECRM goes into effect. It shall contain, at a minimum:

(A) The revenues billed pursuant to the ECRM by rate class and voltage level, as applicable;

(B) The revenues billed through the electric utility's base rate allowance by rate class and voltage level;

(C) The electric utility's actual environmental compliance costs and revenues allocated by rate class and voltage level, as applicable, consistent with the most recent commission approved allocation methods and rate design;

(D) All significant factors that have affected the level of ECRM revenues along with workpapers documenting these significant factors;

(E) The difference, by rate class and voltage level, as applicable, between the total environmental revenues collected through base rates and the ECRM and the environmental compliance revenues received and costs incurred;

(F) Any additional information ordered by the commission to be provided; and

(G) To the extent any of the requested information outlined above is provided in response to another section, the information only needs to be provided once.

(6) Each electric utility with an ECRM shall submit, with an affidavit attesting to the veracity of the information, a Surveillance Monitoring Report, which shall be treated as highly confidential, as required in 4 CSR 240-20.091(9), to the manager of the auditing department of the commission, OPC and others as provided in sections (9) through (11) in this rule. The information may be submitted to the manager of the auditing department through EFIS.

(A) There are five (5) parts to the electric utility Surveillance Monitoring Report. Each part, except Part one, Rate Base Quantifications, shall contain information for the last twelve (12)-month period and the last quarter data for total company electric operations and Missouri jurisdictional operations. Page one, Rate Base Quantifications shall contain only information for the ending date of the period being reported. The form of the Surveillance Monitoring Report form is included herein.

1. Rate Base Quantifications Report. The quantification of rate base items on Page one shall be consistent with the methods or procedures used in the most recent rate proceeding unless otherwise specified. The report shall consist of specific rate base quantifications of:

- A. Plant in service;
- B. Reserve for depreciation;
- C. Materials and supplies;
- D. Cash working capital;
- E. Fuel inventory;
- F. Prepayments;
- G. Other regulatory assets;
- H. Customer advances;
- I. Customer deposits;
- J. Accumulated deferred income taxes;
- K. Any other item included in the utility's rate base in the most recent rate proceeding;

- L. Net Operating Income from Page three; and
- M. Calculation of the overall return on rate base.

2. Capitalization Quantifications Report. Page two shall consist of specific capitalization quantifications of:

- A. Common stock equity (net);
- B. Preferred stock (par or stated value outstanding);
- C. Long-term debt (including current maturities);
- D. Short-term debt; and
- E. Weighted cost of capital including component costs.

3. Income Statement. Page three shall consist of an income statement containing specific quantification of:

- A. Operating revenues to include sales to industrial, commercial and residential customers, sales for resale and other components of total operating revenues;
- B. Operating and maintenance expenses for fuel expense, production expenses, purchased power energy and capacity;
- C. Transmission expenses;
- D. Distribution expenses;
- E. Customer accounts expenses;
- F. Customer service and information expenses;
- G. Sales expenses;
- H. Administrative and general expenses;
- I. Depreciation, amortization and decommissioning expense;
- J. Taxes other than income taxes;
- K. Income taxes; and
- L. Quantification of heating degree and cooling degree days, actual and normal.

4. Jurisdictional Allocation Factor Report. Page four shall consist of a listing of jurisdictional allocation factors for the rate base, capitalization quantification reports and income statement.

5. Financial Data Notes. Page five shall consist of notes to financial data including, but not limited to:

- A. Out-of-period adjustments;
- B. Specific quantification of material variances between actual and budget financial performance;
- C. Material variances between current twelve (12)-month period and prior twelve (12)-month period revenue;
- D. Expense level of items ordered by the commission to be tracked pursuant to the order establishing the ECRM;
- E. Budgeted capital projects;
- F. Events that materially affect debt or equity surveillance components; and

G. All settlements in regards to environmental compliance causing the electric utility to incur expenses or make investments in excess of one hundred thousand dollars (\$100,000) or fines against the electric utility in regards to environmental compliance greater than one hundred thousand dollars (\$100,000).

(B) The Surveillance Monitoring Report shall contain any additional information ordered by the commission to be provided.

(C) The electric utility shall annually submit its approved budget, in electronic form, based upon its budget year in a format similar to the Surveillance Monitoring Report. The budget submission shall provide a quarterly and annual quantification of the electric utility's income statement. The budget shall be submitted within thirty (30) days of its approval by the electric utility's management or within sixty (60) days of the beginning of the electric utility's fiscal year, whichever is earliest. The budget submission shall be treated as highly confidential pursuant to 4 CSR 240-2.135.

(D) If the electric utility has a rate adjustment mechanism as defined in 4 CSR 240-20.090(1)(G), the surveillance report submitted by the electric utility as required by 4 CSR 240-3.161(6) along with information submitted in response to (6)(A)5.G. of this subsection shall meet the surveillance reporting required by this section.

(7) When an electric utility files tariff schedules to adjust an ECRM rate as described in 4 CSR 240-20.091(4) with the commission, and serves upon parties as provided in sections (9) through (11) in this rule, the tariff schedules must be accompanied by supporting testimony, and at least the following supporting information:

(A) The following information shall be included with the filing:

1. For the period from which historical costs are used to adjust the ECRM rate:

- A. Emission allowance costs differentiated by purchases, swaps and loans;
- B. Net revenues from emission allowance sales, swaps and loans;
- C. Extraordinary costs not to be passed through, if any, due to such costs being an insured loss, or subject to reduction due to litigation or for any other reason;
- D. Base rate component of environmental compliance costs and revenues; and
- E. Any additional requirements ordered by the commission in the prior general rate proceeding;

2. The levels of environmental capital costs and expenses in the base rate revenue requirement from the prior general rate proceeding;

3. The levels of environmental capital cost in the base rate revenue requirement from the prior general rate proceeding as adjusted for the proposed date of the periodic adjustment;

4. The capital structure as determined in the prior general rate proceeding;

5. The cost rates for the electric utility's debt and preferred stock as determined in the prior general rate proceeding;

6. The electric utility's cost of common equity as determined in the prior general rate proceeding;

7. Calculation of the proposed ECRM collection rates; and
8. Calculations underlying any seasonal variation in the ECRM collection rates; and

(B) Workpapers supporting all items in subsection (7)(A) shall be submitted to the manager of the auditing department, and served upon parties as provided in sections (9) through (11) in this rule. The workpapers may be submitted to the manager of the auditing department through EFIS.

(8) When an electric utility that has an ECRM files its application containing its annual true-up with the commission, as described in 4 CSR 240-20.091(5), any rate schedule filing must be accompanied by supporting testimony, and the electric utility shall:

(A) File the following information with the commission and serve upon parties as provided in sections (9) through (11) in this rule:

1. Amount of costs that it has over-collected or under-collected through the ECRM by rate class and voltage level, as applicable;
2. Proposed adjustments or refunds by rate class and voltage level as applicable;
3. Electric utility's short-term borrowing rate; and
4. Any additional information ordered by the commission;

(B) Submit the following information to the manager of the auditing department and serve upon the parties as provided in sections (9) through (11) in this rule. The information may be submitted to the manager of the auditing department through EFIS.

1. Workpapers detailing how the determination of the over-collection or under-collection of costs through the ECRM was made including any model inputs and outputs and the derivation of any model inputs.

2. Workpapers detailing the proposed adjustments or refunds.

3. Basis for the electric utility's short-term borrowing rate.

4. Any additional information ordered by the commission to be provided.

(9) Providing to other parties items required to be filed or submitted in preceding sections (3) through (8). Information required to be filed with the commission or submitted to the manager of the auditing department of the commission and to OPC in sections (3) through (8) shall also be, in the same format, served on or submitted to any party to the related general rate proceeding in which the ECRM was approved by the commission, periodic adjustment proceeding, annual true-up, prudence review, or general rate case to modify, extend or discontinue the same ECRM, pursuant to the procedures in 4 CSR 240-2.135 for handling confidential information, including any commission order issued thereunder.

(10) Party status and providing to other parties affidavits, testimony, information, reports and workpapers in related proceedings subsequent to general rate proceeding establishing ECRM.

(A) A person or entity granted intervention in a general rate proceeding in which an ECRM is approved by the commission, shall be a party to any subsequent related periodic adjustment proceeding, annual true-up or prudence review, without the necessity of applying to the commission for intervention. In any subsequent general rate proceeding, such person or entity must seek and be granted status as an intervenor to be a party to that case. Affidavits, testimony, information, reports, and workpapers to be filed or submitted in connection with a subsequent related periodic adjustment proceeding, annual true-up, prudence review, or general rate case to modify, extend or discontinue the same ECRM shall be served on or submitted to all parties from the prior related general rate proceeding and on all parties from any subsequent related periodic adjustment proceeding, annual true-up, prudence review, or general rate case to modify, extend or discontinue the same ECRM, concurrently with filing the same with the commission or submitting the same to the manager of the auditing department of the commission and OPC, pursuant to the procedures in 4 CSR 240-2.135 for handling confidential information, including any commission order issued thereunder.

(B) A person or entity not a party to the general rate proceeding in which an ECRM is approved by the commission may timely apply to the commission for intervention, pursuant to 4 CSR 240-2.075(2) through (4) of the commission's rule on intervention, respecting any related subsequent periodic adjustment proceeding, annual true-up, or prudence review, or, pursuant to 4 CSR 240-2.075(1) through (5), respecting any subsequent general rate case to modify, extend or discontinue the same ECRM. If no party to a subsequent periodic adjustment proceeding, annual true-up, or prudence review, objects within ten (10) days of the filing of an application for intervention, the applicant shall be deemed as having been granted intervention without a specific commission order granting intervention, unless within the above-referenced ten (10)-day period the commission denies the application for intervention on its own motion. If an objection to the application for intervention is filed on or before the end of the above-referenced ten (10)-day period, the commission shall rule on the application and the objection within ten (10) days of the filing of the objection.

(11) Discovery. The results of discovery from a general rate proceeding where the commission may approve, modify, reject extend or discontinue an ECRM, or from any subsequent periodic adjustment proceeding, annual true-up, or prudence review relating to the same ECRM, may be used without a party resubmitting the same discovery requests (data requests, interrogatories, requests for production, requests for admission, or depositions) in the subsequent proceeding to parties that produced the discovery in the prior proceeding, subject to a ruling by the commission concerning any evidentiary objection made in the subsequent proceeding.

(12) Supplementing and updating data requests in subsequent related proceedings. If a party which submitted data requests relating to a proposed ECRM in the general rate proceeding where the ECRM was established or in the general rate proceeding where the same ECRM was modified or extended, or in any subsequent related periodic adjustment proceeding, annual true-up, or prudence review wants the responding party to whom the prior data requests were submitted to supplement or update that responding party's prior responses for possible use in a subsequent related periodic adjustment proceeding, annual true-up, prudence review or general rate case to modify, extend or discontinue the same ECRM, the party which previously submitted the data requests shall submit an additional data request to the responding party to whom the data requests were previously submitted which clearly identifies the particular data requests to be supplemented or updated and the particular period to be covered by the updated response. A responding party to a request to supplement or update shall supplement or update a data request response from: a related general rate proceeding where a ECRM was established; a general rate case where the same ECRM was modified or extended; or a related periodic adjustment proceeding, annual true-up, or prudence review, which the responding party has learned or subsequently learns is in some material respect incomplete or incorrect.

(13) Separate cases for each general rate proceeding involving an ECRM and for each mutually exclusive twelve (12)-month annual true-up period of an ECRM. Each general rate proceeding where the commission may approve, modify, or reject an ECRM; each general rate case where the commission may authorize the modification, extension, or discontinuance of an ECRM; and each mutually exclusive twelve (12)-month period of an ECRM that encompasses an annual true-up, prudence review, and possible periodic adjustments shall comprise a separate case. The same procedures for handling confidential information shall apply, pursuant to 4 CSR 240-2.135, as in the immediately preceding ECRM case for the particular electric utility, unless otherwise directed by the commission on its own motion or as requested by a party and directed by the commission.

(14) New ECRM. For the purposes of this rule, an ECRM, if continued, modified or extended in a general rate case, even in substantially the form approved in the prior general rate proceeding, shall be considered to be a new distinct ECRM after each general rate proceeding required by section 386.266.4(3), RSMo.

(15) Right to Discovery Unaffected. In addressing certain discovery matters and the provision of certain information by electric utilities, this rule is not intended to restrict the discovery rights of any party.

(16) Waivers. Provisions of this rule may be waived by the commission for good cause shown.

(17) Rule Review. The commission shall review the effectiveness of this rule by no later than December 31, 2011, and may, if it deems necessary, initiate rulemaking proceedings to revise this rule.

Electric Company
12 Months Ended _____
Per Books
(IN THOUSANDS OF DOLLARS)
FINANCIAL SURVEILLANCE MONITORING REPORT
RATE BASE AND RATE OF RETURN

<u>Total Company Rate Base</u>	<u>Measurement Basis</u>	<u>12 Months Ended</u>
Plant in Service		
Intangible	End of Period	xxx,xxx
Production – Steam	End of Period	xxx,xxx
Production – Nuclear	End of Period	xxx,xxx
Production – Hydraulic	End of Period	xxx,xxx
Production – Other	End of Period	xxx,xxx
Transmission	End of Period	xxx,xxx
Distribution	End of Period	xxx,xxx
General	End of Period	xxx,xxx
Total Plant in Service	End of Period	\$ x,xxx,xxx
Reserve for Depreciation		
Intangible	End of Period	xxx,xxx
Production – Steam	End of Period	xxx,xxx
Production – Nuclear	End of Period	xxx,xxx
Production – Hydraulic	End of Period	xxx,xxx
Production – Other	End of Period	xxx,xxx
Transmission	End of Period	xxx,xxx
Distribution	End of Period	xxx,xxx
General	End of period	xxx,xxx
Total Reserve for Depreciation		x,xxx,xxx
Net Plant		x,xxx,xxx
Add:		
Materials & Supplies	13 Mo. Avg.	x,xxx,xxx
Cash	(from prior rate case including offsets)	x,xxx,xxx
Fuel Inventory	13 Mo. Avg.	x,xxx,xxx
Prepayments	13 Mo. Avg.	x,xxx,xxx
Other Regulatory Assets	End of Period	x,xxx,xxx
Less:		
Customer Advances	13 Mo. Avg.	x,xxx,xxx
Customer Deposits	13 Mo. Avg.	x,xxx,xxx
Accumulated Deferred Income Taxes	End of Period	x,xxx,xxx
Other Regulatory Liabilities	End of Period	x,xxx,xxx
Other Items from Prior Rate Case	Per rate case method	x,xxx,xxx
(A) Total Rate Base		\$ x,xxx,xxx
(B) Net Operating Income		\$ x,xxx,xxx
(C) Return on Rate Base Base [(B) / (A)]		

Electric Company
12 Months Ended _____
Per Books _____
(IN THOUSANDS OF DOLLARS)
FINANCIAL SURVEILLANCE MONITORING REPORT
CAPITAL STRUCTURE AND RATE OF RETURN

<u>Overall Cost of Capital</u>				
	<u>Amount</u>	<u>Percent</u>	<u>Cost</u>	<u>Weighted Cost</u>
Long-Term Debt	\$ x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Short-Term Debt	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Preferred Stock	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Other	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Common Equity	x,xxx,xxe	x.xx%	x.xx% a	x.xx%
Total Overall Cost of Capital based on Rate Case Rate of Return on Equity	\$ x,xxx,xxx	100.00%		x.xx%

<u>Actual Earned Return on Equity</u>				
	<u>Amount</u>	<u>Percent</u>	<u>Cost</u>	<u>Weighted Cost</u>
Long-Term Debt	\$ x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Short-Term Debt	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Preferred Stock	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Other	x,xxx,xxe	x.xx%	x.xx% f	x.xx%
Common Equity	x,xxx,xxe	x.xx%	x.xx% c	x.xx%
Total Overall Cost of Capital with Actual Return On Equity	\$ x,xxx,xxx	100.00%		x.xx% b

- a From last general rate case, Report & Order
b From actual Return on Rate Base, page 1 "Rate Base"
c Calculated after actual Return on Rate Base, per footnote B, is determined
d Other capital structure components from last general rate case, Report & Order
e Actual balance at end of period
f Actual average cost at end of period

Note Additional breakdown may be added per Report & Order authorizing a recovery clause under 4 CSR 240-20

Electric Company
Quarter Ended and 12 Months Ended _____
Per Books
(IN THOUSANDS OF DOLLARS)
FINANCIAL SURVEILLANCE MONITORING REPORT
OPERATING INCOME STATEMENT

	Quarter Ended Actual	12 Months Ended Actual
Operating Revenues		
Sales to Residential, Commercial, & Industrial Customers		
Residential	\$ x,xxx,xxx	\$ x,xxx,xxx
Commercial	x,xxx,xxx	x,xxx,xxx
Industrial	x,xxx,xxx	x,xxx,xxx
Total of Sales to Residential, Commercial, & Industrial Customers	\$ x,xxx,xxx	\$ x,xxx,xxx
Other Sales to Ultimate customers	x,xxx,xxx	x,xxx,xxx
Sales for Resale\		
Off-system Sales	x,xxx,xxx	x,xxx,xxx
Other Sales for Resale	x,xxx,xxx	x,xxx,xxx
Provision for Refunds	x,xxx,xxx	x,xxx,xxx
Other Operating Revenues	<u>x,xxx,xxx</u>	<u>x,xxx,xxx</u>
Operating Revenues	\$ <u>x,xxx,xxx</u>	\$ <u>x,xxx,xxx</u>
Operating & Maintenance Expenses:		
Production Expenses:		
Fuel Expense		
Native Load	x,xxx,xxx	x,xxx,xxx
Off-System Sales	x,xxx,xxx	x,xxx,xxx
Other Production-Operations	x,xxx,xxx	x,xxx,xxx
Other Production-Maintenance	x,xxx,xxx	x,xxx,xxx
Purchased Power-Energy		
Native Load	x,xxx,xxx	x,xxx,xxx
Off System Sales	x,xxx,xxx	x,xxx,xxx
Purchased Power-Capacity	<u>x,xxx,xxx</u>	<u>x,xxx,xxx</u>
Total Production Expenses\	x,xxx,xxx	x,xxx,xxx
Transmission Expenses	x,xxx,xxx	x,xxx,xxx
Distribution Expenses	x,xxx,xxx	x,xxx,xxx
Customer Accounts Expense	x,xxx,xxx	x,xxx,xxx
Customer Serve. & Info. Expenses	x,xxx,xxx	x,xxx,xxx
Sales Expenses	x,xxx,xxx	x,xxx,xxx
Administrative & General Expenses	<u>x,xxx,xxx</u>	<u>x,xxx,xxx</u>
Total Operating & Maintenance Expenses	\$ x,xxx,xxx	\$ x,xxx,xxx
Depreciation & Amortization Expense		
Depreciation Expense	x,xxx,xxx	x,xxx,xxx
Amortization Expense	x,xxx,xxx	x,xxx,xxx
Decommissioning Expense	x,xxx,xxx	x,xxx,xxx
Other	<u>x,xxx,xxx</u>	<u>x,xxx,xxx</u>
Total Depreciation & Amortization Expense	x,xxx,xxx	x,xxx,xxx
Taxes Other than Income Taxes	<u>xxx,xxx</u>	<u>xxx,xxx</u>
Operating Income Before Income Tax	x,xxx,xxx	x,xxx,xxx
Income Taxes	xxx,xxx	x,xxx,xxx
Net Operating Income	\$ <u>x,xxx,xxx</u>	\$ <u>x,xxx,xxx</u>
Actual Cooling Degree Days	<u>x,xxx</u>	<u>x,xxx</u>
Normal Cooling Degree Days	<u>x,xxx</u>	<u>x,xxx</u>
Actual Heating Degree Days	<u>x,xxx</u>	<u>x,xxx</u>
Normal Heating Degree Days	<u>x,xxx</u>	<u>x,xxx</u>

Electric Company
12 Months Ended
FINANCIAL SURVEILLANCE MONITORING REPORT
Missouri Jurisdictional Allocation Factors

<u>Description</u>	<u>Allocation Factor</u>
Plant in Service	
Intangible	
Production – Steam	
Production – Nuclear	
Production – Hydraulic	
Production – Other	
Transmission	
Distribution	
General	
Depreciation Reserve	
Intangible	
Production – Steam	
Production – Nuclear	
Production – Hydraulic	
Production – Other	
Transmission	
Distribution	
General	
Net Plant	
Materials & supplies	
Cash Working Capital	per rate case
Fuel Inventory	
Prepayments	
Other Regulatory Assets	Jurisdictional Specific
Customer Advances	
Customer Deposits	
Accumulated Deferred Income Taxes	
Other Regulatory Liabilities	Jurisdictional Specific
Other Items from Prior Rate Case	
Operating Revenues	
Interchange Revenues	
Production Expenses:	
Fuel Expense	
Native Load	
Off-System Sales	
Other Production – Operations	
Other Production – Maintenance	
Purchased Power – Energy	
Native Load	
Off-System Sales	
Purchased Power – Capacity	
Total Production Expenses	
Transmission Expenses	
Distribution Expenses	
Customer Accounts Expense	
Customer Serve. & Info. Expenses	
Sales Expenses	
Administrative & General Expenses	
Depreciation Expense	
Depreciation Expense	
Amortization Expense	
Decommissioning Expense	
Taxes, Other than Income	
Income Taxes	
Other Items	
xxxx	
xxxx	
xxxx	

Note Additional breakdown may be added per Report & Order authorizing
a recovery clause under 4 CSR 240-20

Electric Company
Quarter Ended and 12 Months Ended _____
Per Books
FINANCIAL SURVEILLANCE MONITORING REPORT

NOTES TO FINANCIAL SURVEILLANCE REPORT

AUTHORITY: sections 386.250 and 393.140, RSMo 2000, and 386.266, RSMo Supp. 2006. Original rule filed Oct. 31, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file comments in support of or in opposition to this proposed rule with the Missouri Public Service Commission, Colleen M. Dale, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before January 2, 2008, and should include a reference to Commission Case No. EX-2008-0105. If comments are submitted via a paper filing, an original and eight (8) copies of the comments are required. Comments may also be submitted via a filing using the commission's electronic filing and information system at <<http://www.psc.mo.gov/efis.asp>>. A public hearing regarding this proposed rule is scheduled for January 17, 2008, at 10:00 am in Room 310 of the Governor Office Building, 200 Madison Street, Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rule, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In the Matter of Proposed Rule 4 CSR 240-3.162 and)
4 CSR 240-20.091, Environmental Cost Recovery)
Mechanisms.)

Case No. EX-2008-0105

DISSENTING OPINION OF COMMISSIONER
ROBERT M CLAYTON III

This Commissioner objects to the majority's decision to initiate a rulemaking authorizing a new utility-benefitting surcharge while ignoring critically important Reliability Rules which have been stalled in the rulemaking process. The majority agreed to send the proposed Environmental Cost Recovery Mechanism (ECRM) Rule to the Secretary of State for publication, which commences the former rulemaking process, while the consumer-benefitting Reliability Rule has been delayed at the Department of Economic Development (DED) since August 2nd. The ECRM, which authorizes utilities to assess an additional surcharge on consumers pursuant to SB179, was sent to the DED on October 16, 2007 and was returned on October 23, 2007: a turn-around of one week. In stark contrast, the Commission voted to send the Reliability Rule to DED on August 2, 2007. Nearly three months have passed and the Commission has been unable to act on essential tools to improve electrical reliability for Missouri consumers.

This Commissioner is frustrated with DED's failure to return the Reliability Rule to the Commission for further action. By statute, DED's role in the PSC rulemaking process is to review the fiscal note and the Director must submit an affidavit stating the fiscal note is

reasonably accurate. It is not DED's role to pass judgment on the merits of a proposed rulemaking.

Following the investigation into the storms of 2006, this Commissioner believes establishing high standards for electrical reliability is of the utmost importance. That investigation found evidence of poor reliability both during storm conditions and under normal weather conditions. The results of the investigation have led to a three-pronged approach to improving reliability, including rules affecting vegetation management practices and reporting as well as infrastructure inspection and replacement. While this Commissioner has been disappointed that the majority failed to adopt adequate rules in vegetation management and infrastructure inspection, improved reliability service can still be snatched from the jaws of mediocre service by adoption of the most important leg on the "three-legged stool" relating to reliability standards and reporting. Ratepayers are entitled to reliable service which will result from these aggressive new standards that have never before existed in Missouri.

Unfortunately, the DED has prioritized the ECRM rule – a rule that will clearly benefit electric utilities financially, while it flagrantly disregards a rule that will demand high standards for reliable electrical service and action to rectify those reliability problems. This Commissioner cannot vote to advance the ECRM in the rulemaking process while the Reliability Rule is ignored as unimportant. Such a vote endorses the prioritization of a rule that benefits a utility while a rule that sets high standards for electric utilities is prevented from advancing in the rulemaking process.

This Commission has a responsibility to balance the interests of utility shareholders and ratepayers. By moving forward with the new surcharge rulemaking while delaying reliability, the balance is shifted in favor of the utilities over consumers. Following the storms of 2006 and

2007, the public and the General Assembly demanded that the Commission take strong, responsible action at improving service to Missouri customers. Reliability standards must be in place to measure utility performance and improve reliability.

For the foregoing reasons, this Commissioner dissents from the majority's vote to send the ECRM rule to the Secretary of State for publication and urges prompt action on the proposed rules relating to reliability.

Respectfully submitted,



Robert M. Clayton III
Commissioner

Dated at Jefferson City, Missouri,
on this 31st day of October 2007.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 20—Electric Utilities**

PROPOSED RULE

4 CSR 240-20.091 Electric Utility Environmental Cost Recovery Mechanisms

PURPOSE: This rule allows the establishment of an Environmental Cost Recovery Mechanism, which allows periodic rate adjustments to reflect net increases or decreases in an electric utility's prudently incurred costs directly related to compliance with any federal, state, or local environmental law, regulation or rule.

(1) Definitions. As used in this rule, the following terms mean as follows:

(A) Electric utility means electrical corporation as defined in section 386.020, RSMo, subject to commission regulation pursuant to Chapters 386 and 393, RSMo;

(B) Environmental Cost Recovery Mechanism (ECRM) means a mechanism established in a general rate proceeding that allows periodic rate adjustments, outside a general rate proceeding, to reflect the net increases or decreases in an electric utility's incurred environmental costs;

(C) Environmental costs means prudently incurred costs, both capital and expense, directly related to compliance with any federal, state, or local environmental law, regulation or rule.

1. Environmental costs do not include fuel and purchased power costs as defined in 4 CSR 240-20.090(1)(B).

2. Prudently incurred costs do not include any increased costs resulting from negligent or wrongful acts or omissions by the utility;

(D) Environmental revenue requirement means the environmental costs identified in the general rate proceeding which forms the base for future periodic adjustments of the ECRM;

(E) General rate proceeding means a general rate increase proceeding or complaint proceeding before the commission in which all relevant factors that may affect the costs, or rates and charges of the electric utility are considered by the commission;

(F) Rate class is a customer class as defined in an electric utility's tariff. Generally, rate classes include Residential, Small General Service, Large General Service and Large Power Service, but may include additional rate classes. Each rate class includes all customers served under all variations of the rate schedules available to that class;

(G) Staff means the staff of the Public Service Commission; and

(H) True-up year means the twelve (12)-month period beginning on the first day of the first calendar month following the effective date of the commission order approving an ECRM unless the effective date is on the first day of the calendar month. If the effective date of the commission order approving a rate mechanism is on the first day of a calendar month, then the true-up year begins on the effective date of the commission order. The first annual true-up period shall end on the last day of the twelfth calendar month following the effective date of the commission order establishing the ECRM. Subsequent true-up years shall be the succeeding twelve (12)-month periods. If a general rate proceeding is concluded prior to the conclusion of a true-up year, the true-up year may be less than twelve (12) months. If the commission approves both a fuel adjustment clause mechanism and an ECRM for the electric utility, the true-up year will be the same for both.

(2) Applications to Establish, Continue or Modify an ECRM. Pursuant to the provisions of this rule, 4 CSR 240-2.060 and section 386.266, RSMo, only an electric utility in a general rate proceeding may file an application with the commission to establish, continue or modify an ECRM by filing tariff schedules. Any party in a general

rate proceeding in which an ECRM is in effect or proposed may seek to continue, modify or oppose the ECRM. The commission shall approve, modify or reject such applications to establish an ECRM only after providing the opportunity for a full hearing in a general rate proceeding. The commission shall consider all relevant factors that may affect the costs or overall rates and charges of the petitioning electric utility.

(A) The commission may approve the establishment, continuation or modification of an ECRM and rate schedules implementing an ECRM provided that it finds that the ECRM it approves is reasonably designed to provide the electric utility with a sufficient opportunity to earn a fair return on equity.

(B) The commission may take into account any change in business risk to the utility resulting from establishment, continuation or modification of the ECRM in setting the electric utility's allowed return in any rate proceeding, in addition to any other changes in business risk experienced by the electric utility.

(C) In determining which environmental cost components to include in an ECRM, the commission will consider, but is not limited to only considering, the magnitude of the costs, the ability of the utility to manage the costs, the incentive provided to the utility as a result of the inclusion or exclusion of the cost, and the extent to which the cost is related to environmental compliance.

(D) The commission may, in its discretion, determine what portion of prudently incurred environmental costs may be recovered in an ECRM and what portion shall be recovered in base rates.

(E) Any party to the general rate proceeding may oppose the establishment, continuation or modification of an ECRM and/or may propose alternative ECRMs for the commission's consideration including but not limited to modifications to the electric utility's proposed ECRM.

(F) The ECRM shall be based on environmental costs that have been incurred by the electric utility.

(G) If an ECRM is approved, the commission shall determine an environmental revenue requirement portion of the electric utility's overall revenue requirement to which base rates are deemed as applying.

(H) If costs are requested to be recovered through the ECRM and the revenue to be collected in the ECRM rate schedules exceeds two and one-half percent (2.5%) of the electric utility's Missouri annual gross jurisdictional revenues, the electric utility cannot subsequently request that any cost identified as an environment's cost be recovered through a fuel rate adjustment mechanism.

(I) The electric utility shall include in its initial notice to customers regarding the general rate case, a commission approved description of how the costs passed through the proposed ECRM requested shall be applied to monthly bills.

(J) The electric utility shall meet the filing requirements in 4 CSR 240-3.162(2) in conjunction with an application to establish an ECRM and 4 CSR 240-3.162(3) in conjunction with an application to continue or modify an ECRM.

(3) Application for Discontinuation of an ECRM. The commission shall allow or require the rate schedules that define and implement an ECRM to be discontinued and withdrawn only after providing the opportunity for a full hearing in a general rate proceeding. The commission shall consider all relevant factors that affect the cost or overall rates and charges of the petitioning electric utility.

(A) Any party to the general rate proceeding may oppose the discontinuation of an ECRM on the grounds that the electric utility is currently, or in the next four (4) years, is likely to experience declining costs. If the commission finds that the electric utility is seeking to discontinue the ECRM under these circumstances, the commission shall not permit the ECRM to be discontinued, and shall order its continuation or modification. To continue or modify the ECRM under such circumstances, the commission must find that it provides the electric utility with a sufficient opportunity to earn a fair rate of return on equity.

(B) The commission may take into account any change in business risk to the corporation resulting from discontinuance of the ECRM in setting the electric utility's allowed return in any rate proceeding, in addition to any other changes in business risk experienced by the electric utility.

(C) The electric utility shall include in its initial notice to customers regarding the general rate case, a commission approved description of why it believes the ECRM should be discontinued.

(D) Subsections (2)(C) through (H) shall apply to any proposal for continuation or modification.

(E) The electric utility shall meet the filing requirements in 4 CSR 240-3.162(4).

(4) Periodic Adjustments of ECRMs. If an electric utility files proposed rate schedules to adjust its ECRM rates between general rate proceedings, the staff shall examine and analyze the information filed by the electric utility in accordance with 4 CSR 240-3.162 and additional information obtained through discovery, if any, to determine if the proposed adjustment to the ECRM is in accordance with the provisions of this rule, section 386.266, RSMo and the ECRM established in the most recent general rate proceeding. The staff shall submit a recommendation regarding its examination and analysis to the commission not later than thirty (30) days after the electric utility files its tariff schedules to adjust its ECRM rates. If the ECRM rate adjustment is in accordance with the provisions of this rule, section 386.266, RSMo, and the ECRM established in the most recent general rate proceeding, the commission shall either issue an interim rate adjustment order approving the tariff schedules and the ECRM rate adjustments within sixty (60) days of the electric utility's filing or, if no such order is issued, the tariff schedules and the ECRM rate adjustments shall take effect sixty (60) days after the tariff schedules were filed. If the ECRM rate adjustment is not in accordance with the provisions of this rule, section 386.266, RSMo, or the ECRM established in the most recent rate proceeding, the commission shall reject the proposed rate schedules within sixty (60) days of the electric utility's filing and may instead order implementation of an appropriate interim rate schedule(s).

(A) The periodic adjustment shall be based on environmental costs incurred since the prior general rate proceeding.

(B) The periodic adjustment shall consist of a comprehensive measurement of both increases and decreases to the environmental revenue requirement established in the prior general rate proceeding plus the additional environmental costs.

(C) Any periodic adjustment made to ECRM rate schedules shall not generate an annual amount of general revenue that exceeds two and one-half percent (2.5%) of the electric utility's Missouri gross jurisdictional revenues established in the electric utility's most recent general rate proceeding.

1. Missouri gross jurisdictional revenues shall be the amount established in the electric utility's most recent general rate proceeding and exclude gross receipts tax, sales tax and other similar pass-through taxes not included in tariffed rates for regulated services;

2. The electric utility shall be permitted to collect any applicable gross receipts tax, sales tax, or other similar pass-through taxes and such taxes shall not be counted against the two and one-half percent (2.5%) rate adjustment cap; and

3. Any environmental costs, to the extent addressed by the ECRM, not recovered as a result of the two and one-half percent (2.5%) limitation on rate adjustments may be deferred, at a carrying cost each month equal to the utility's net of tax cost of capital, for recovery in a subsequent year or in the utility's next general rate proceeding.

(D) An electric utility with an ECRM shall file one (1) mandatory adjustment to its ECRM in each true-up year coinciding with the true-up of its ECRM. It may also file one (1) additional adjustment to its ECRM within a true-up year with the timing and number of such additional filings to be determined in the general rate proceeding establishing the ECRM and in general rate proceedings thereafter.

(E) The electric utility must be current on its submission of its Surveillance Monitoring Reports as required in section (9) and its monthly reporting requirements as required by 4 CSR 240-3.162(5) in order for the commission to process the electric utility's requested ECRM adjustment increasing rates.

(F) If the staff, Office of the Public Counsel (OPC) or other party who receives the information that the electric utility is required to submit in 4 CSR 240-3.162 and as ordered by the commission in a previous proceeding, believes that the information required to be submitted pursuant to 4 CSR 240-3.162 and the commission order establishing the ECRM has not been submitted in compliance with that rule, it shall notify the electric utility within ten (10) days of the electric utility's filing of an application or tariff schedules to adjust the ECRM rates and identify the information required. The electric utility shall supply the information identified by the party, or shall notify the party that it believes the information provided was in compliance with the requirements of 4 CSR 240-3.162, within ten (10) days of the request. If the electric utility does not timely supply the information, the party asserting the failure to provide the required information must timely file a motion to compel with the commission. While the commission is considering the motion to compel, the processing time line for the adjustment to increase ECRM rates shall be suspended. If the commission then issues an order requiring the information be provided, the time necessary for the information to be provided shall further extend the processing time line for the adjustment to increase ECRM rates. For good cause shown the commission may further suspend this time line. Any delay in providing sufficient information in compliance with 4 CSR 240-3.162 in a request to decrease ECRM rates shall not alter the processing time line.

(5) True-ups of an ECRM. An electric utility that files for an ECRM shall include in its tariff schedules and application, if filed in addition to tariff schedules, provision for true-ups on at least an annual basis which shall accurately and appropriately remedy any over-collection or under-collection through subsequent rate adjustments or refunds.

(A) The subsequent true-up rate adjustments or refunds shall include interest at the electric utility's short-term borrowing rate. The interest rate on accumulated ECRM under-collections or over-collections shall be calculated on a monthly basis for each month the ECRM rate is in effect, equal to the weighted average interest rate paid by the electric utility on short-term debt for that calendar month. This rate shall then be applied to a simple average of the same month's beginning and ending cumulative ECRM over-collection or under-collection balance. Each month's accumulated interest shall be included in the ECRM over-collection or under-collection balances on an ongoing basis.

(B) The true-up adjustment shall be the difference between the revenue collected and the revenue authorized for collection during the true-up period and billed revenues associated with the ECRM during the true-up period.

(C) The electric utility must be current on its submission of its Surveillance Monitoring Reports as required in section (9) and its monthly reporting requirements as required by 4 CSR 240-3.162(5) at the time that it files its application for a true-up of its ECRM in order for the commission to process the electric utility's requested annual true-up of any under-collection.

(D) The staff shall examine and analyze the information filed by the electric utility pursuant to 4 CSR 240-3.162 and additional information obtained through discovery, to determine whether the true-up is in accordance with the provisions of this rule, section 386.266, RSMo and the ECRM established in the electric utility's most recent general rate proceeding. The staff shall submit a recommendation regarding its examination and analysis to the commission not later than thirty (30) days after the electric utility files its tariff schedules for a true-up. The commission shall either issue an order deciding the true-up within sixty (60) days of the electric utility's filing, suspend the time line of the true-up in order to receive additional

evidence and hold a hearing if needed or, if no such order is issued, the tariff schedules and the ECRM rate adjustments shall take effect by operation of law sixty (60) days after the electric utility's filing.

1. If the staff, OPC or other party who receives the information that the electric utility is required to submit in 4 CSR 240-3.162 and as ordered by the commission in a previous proceeding, believes the information that is required to be submitted pursuant to 4 CSR 240-3.162 and the commission order establishing the ECRM has not been submitted or is insufficient to make a recommendation regarding the electric utility's true-up filing, it shall notify the electric utility within ten (10) days of the electric utility's filing and identify the information required. The electric utility shall supply the information identified by the party, or shall notify the party that it believes the information provided was responsive to the requirements, within ten (10) days of the request. If the electric utility does not timely supply the information, the party asserting the failure to provide the required information must timely file a motion to compel with the commission. While the commission is considering the motion to compel the processing time line for the adjustment to the ECRM rates shall be suspended. If the commission then issues an order requiring the information to be provided, the time necessary for the information to be provided shall further extend the processing time line. For good cause shown the commission may further suspend this time line.

2. If the party requesting the information can demonstrate to the commission that the adjustment shall result in a reduction in the ECRM rates, the processing time line shall continue with the best information available. When the electric utility provides the necessary information, the ECRM shall be adjusted again, if necessary, to reflect the additional information provided by the electric utility.

(6) Duration of ECRMs and Requirement for General Rate Case. Once an ECRM is approved by the commission, it shall remain in effect for a term of not more than four (4) years unless the commission earlier authorizes the modification, extension, or discontinuance of the ECRM in a general rate proceeding, although an electric utility may submit proposed rate schedules to implement periodic adjustments to its ECRM rates between general rate proceedings.

(A) If the commission approves an ECRM for an electric utility, the electric utility must file a general rate case with the effective date of new rates to be no later than four (4) years after the effective date of the commission order implementing the ECRM, assuming the maximum statutory suspension of the rates so filed.

(B) The four (4)-year period shall not include any periods in which the electric utility is prohibited from collecting any charges under the adjustment mechanism, or any period for which charges collected under the ECRM must be fully refunded. In the event a court determines that the ECRM is unlawful and all moneys collected are fully refunded as a result of such a decision, the electric utility shall be relieved of any obligation to file a rate case. The term fully refunded as used in this section does not include amounts refunded as a result of reductions in net environmental compliance costs or prudence adjustments.

(7) Prudence Reviews Respecting an ECRM. A prudence review of the costs subject to the ECRM shall be conducted no less frequently than at eighteen (18)-month intervals.

(A) All amounts ordered refunded by the commission shall include interest at the electric utility's short-term borrowing rate. The interest shall be calculated on a monthly basis in the same manner as described in subsection (5)(A).

(B) The staff shall submit a recommendation regarding its examination and analysis to the commission not later than one hundred eighty (180) days after the staff initiates its prudence audit. The timing and frequency of prudence audits for each ECRM shall be established in the general rate proceeding in which the ECRM is established. The staff shall file notice within ten (10) days of starting its prudence audit. The commission shall issue an order not later than two hundred ten (210) days after the staff commences its prudence

audit if no party to the proceeding in which the prudence audit is occurring files, within one hundred ninety (190) days of the staff's commencement of its prudence audit, a request for a hearing.

1. If the staff, OPC or other party auditing the ECRM believes that insufficient information has been supplied to make a recommendation regarding the prudence of the electric utility's ECRM, it may utilize discovery to obtain the information it seeks. If the electric utility does not timely supply the information, the party asserting the failure to provide the required information must timely file a motion to compel with the commission. While the commission is considering the motion to compel the processing time line shall be suspended. If the commission then issues an order requiring the information to be provided, the time necessary for the information to be provided shall further extend the processing time line. For good cause shown the commission may further suspend this time line.

2. If the time line is extended due to an electric utility's failure to timely provide sufficient responses to discovery and a refund is due to the customers, the electric utility shall refund all imprudently incurred costs plus interest at the electric utility's short-term borrowing rate. The interest shall be calculated on a monthly basis in the same manner as described in subsection (5)(A).

(8) Disclosure on Customers' Bills. Any amounts charged under an ECRM approved by the commission shall be separately disclosed on each customer's bill. Proposed language regarding this disclosure shall be submitted to the commission for the commission's approval.

(9) Submission of Surveillance Monitoring Reports. Each electric utility with an approved ECRM shall submit to staff, OPC and parties approved by the commission a Surveillance Monitoring Report in the form and having the content provided for by 4 CSR 240-3.162(6).

(A) The Surveillance Monitoring Report shall be submitted within fifteen (15) days of the electric utility's next scheduled United States Securities and Exchange Commission (SEC) 10-Q or 10-K filing with the initial submission within fifteen (15) days of the electric utility's next scheduled SEC 10-Q or 10-K filing following the effective date of the commission order establishing the ECRM.

(B) If the electric utility also has an approved fuel rate adjustment mechanism, the electric utility must submit a single Surveillance Monitoring Report for both the ECRM and the fuel rate adjustment mechanism. However, for the Surveillance Monitoring Report to be complete for the ECRM, it must include a list of all settlements in regards to environmental compliance causing the electric utility to incur expenses or make investments in excess of one hundred thousand dollars (\$100,000) or fines against the electric utility in regards to environmental compliance greater than one hundred thousand dollars (\$100,000) as required in 4 CSR 240-3.162(6)(A)5.G.

(C) Upon a finding that a utility has knowingly or recklessly provided materially false or inaccurate information to the commission regarding the surveillance data prescribed in 4 CSR 240-3.162(6), after notice and an opportunity for a hearing, the commission may suspend an ECRM or order other appropriate remedies as provided by law.

(10) Pre-Existing Adjustment Mechanisms, Tariffs and Regulatory Plans. The provisions of this rule shall not affect:

(A) Any adjustment mechanism, rate schedule, tariff, incentive plan, or other ratemaking mechanism that was approved by the commission and in effect prior to the effective date of this rule; and

(B) Any experimental regulatory plan that was approved by the commission and in effect prior to the effective date of this rule.

(11) Nothing in this rule shall preclude a complaint case from being filed, as provided by law, on the grounds that a utility is earning more than a fair return on equity, nor shall an electric utility be permitted to use the existence of its ECRM as a defense to a complaint case based upon an allegation that it is earning more than a fair return on equity. If a complaint is filed on the grounds that a utility is earning

more than a fair return on equity, the commission shall issue a procedural schedule that includes a clear delineation of the case time line no later than sixty (60) days from the date the complaint is filed.

(12) Rule Review. The commission shall review the effectiveness of this rule by no later than June 30, 2011, and may, if it deems necessary, initiate rulemaking proceedings to revise this rule.

(13) Waiver of Provisions of this Rule. Provisions of this rule may be waived by the commission for good cause shown after an opportunity for a hearing.

AUTHORITY: sections 386.250 and 393.140, RSMo 2000 and 386.266, Supp. 2006. Original rule filed Oct. 31, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file comments in support of or in opposition to this proposed rule with the Missouri Public Service Commission, Colleen M. Dale, Secretary of the Commission, PO Box 360, Jefferson City, MO 65102. To be considered, comments must be received at the commission's offices on or before January 2, 2008, and should include a reference to Commission Case No. EX-2008-0105. If comments are submitted via a paper filing, an original and eight (8) copies of the comments are required. Comments may also be submitted via a filing using the commission's electronic filing and information system at <<http://www.psc.mo.gov/efis.asp>>. A public hearing regarding this proposed rule is scheduled for January 17, 2008, at 10:00 am in Room 310 of the Governor Office Building, 200 Madison Street, Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed rule, and may be asked to respond to commission questions.

SPECIAL NEEDS: Any persons with special needs as addressed by the Americans with Disabilities Act should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In the Matter of Proposed Rule 4 CSR 240-3.162 and
4 CSR 240-20.091, Environmental Cost Recovery
Mechanisms.

Case No. EX-2008-0105

DISSENTING OPINION OF COMMISSIONER
ROBERT M CLAYTON III

This Commissioner objects to the majority's decision to initiate a rulemaking authorizing a new utility-benefitting surcharge while ignoring critically important Reliability Rules which have been stalled in the rulemaking process. The majority agreed to send the proposed Environmental Cost Recovery Mechanism (ECRM) Rule to the Secretary of State for publication, which commences the former rulemaking process, while the consumer-benefitting Reliability Rule has been delayed at the Department of Economic Development (DED) since August 2nd. The ECRM, which authorizes utilities to assess an additional surcharge on consumers pursuant to SBI 79, was sent to the DED on October 16, 2007 and was returned on October 23, 2007: a turn-around of one week. In stark contrast, the Commission voted to send the Reliability Rule to DED on August 2, 2007. Nearly three months have passed and the Commission has been unable to act on essential tools to improve electrical reliability for Missouri consumers.

This Commissioner is frustrated with DED's failure to return the Reliability Rule to the Commission for further action. By statute, DED's role in the PSC rulemaking process is to review the fiscal note and the Director must submit an affidavit stating the fiscal note is

reasonably accurate. It is not DED's role to pass judgment on the merits of a proposed rulemaking.

Following the investigation into the storms of 2006, this Commissioner believes establishing high standards for electrical reliability is of the utmost importance. That investigation found evidence of poor reliability both during storm conditions and under normal weather conditions. The results of the investigation have led to a three-pronged approach to improving reliability, including rules affecting vegetation management practices and reporting as well as infrastructure inspection and replacement. While this Commissioner has been disappointed that the majority failed to adopt adequate rules in vegetation management and infrastructure inspection, improved reliability service can still be snatched from the jaws of mediocre service by adoption of the most important leg on the "three-legged stool" relating to reliability standards and reporting. Ratepayers are entitled to reliable service which will result from these aggressive new standards that have never before existed in Missouri.

Unfortunately, the DED has prioritized the ECRM rule – a rule that will clearly benefit electric utilities financially, while it flagrantly disregards a rule that will demand high standards for reliable electrical service and action to rectify those reliability problems. This Commissioner cannot vote to advance the ECRM in the rulemaking process while the Reliability Rule is ignored as unimportant. Such a vote endorses the prioritization of a rule that benefits a utility while a rule that sets high standards for electric utilities is prevented from advancing in the rulemaking process.

This Commission has a responsibility to balance the interests of utility shareholders and ratepayers. By moving forward with the new surcharge rulemaking while delaying reliability, the balance is shifted in favor of the utilities over consumers. Following the storms of 2006 and

2007, the public and the General Assembly demanded that the Commission take strong, responsible action at improving service to Missouri customers. Reliability standards must be in place to measure utility performance and improve reliability.

For the foregoing reasons, this Commissioner dissents from the majority's vote to send the ECRM rule to the Secretary of State for publication and urges prompt action on the proposed rules relating to reliability.

Respectfully submitted,



Robert M. Clayton III
Commissioner

Dated at Jefferson City, Missouri,
on this 31st day of October 2007.

**Title 6—DEPARTMENT OF HIGHER EDUCATION
Division 10—Commissioner of Higher Education
Chapter 9—Consumer Information**

PROPOSED RULE

6 CSR 10-9.010 Rules for the Posting of Consumer Information

PURPOSE: This rule describes the information that public institutions of higher education must post on their web sites.

(1) Definitions.

(A) The term “course” shall mean any regularly scheduled instructional activity:

1. For which, upon successful completion thereof, enrolled students are given credit that can be applied to meet the requirements for achieving a degree, certificate, or similar academic award; or

2. That provides remedial instruction to students enrolled in the institution;

3. But need not include thesis or dissertation supervision; independent study; directed study or reading courses; internship supervision; individual lessons, mentoring, or supervised experiences; or any other similar activity with such a low number of enrolled students as to allow respondents to be personally identified.

(B) The term “course information” shall include a schedule listing all courses that will be offered during an academic term, all sections of each course, the name(s) of the faculty member(s) who will teach each class, and the time and location at which each course will be offered.

(C) The term “credentials” shall include the highest post-secondary degree or certificate earned by the faculty member and the faculty member’s rank (e.g., full professor, teaching assistant).

(D) The terms “faculty” and “faculty member” shall refer to each person assigned full or partial responsibility for delivery of academic course(s) at a Missouri public higher education institution and includes but is not limited to the following categories: adjunct, part-time, and full-time instructors and lecturers; and graduate students and graduate assistants who teach all or part of any course. The terms “faculty” and “faculty member” shall not include guest speakers, tutors, and practicum or internship supervisors.

(E) The term “feasible” shall mean capable of being performed.

(F) The terms “instructor ratings by students” and “ratings” shall mean certain evaluative information, as designated by each institution, collected at least annually, provided by students enrolled in a course about the performance of the faculty member(s) responsible for delivery of all or part of the course. Ratings posted on an institution’s web site need not include all information collected in regularly conducted evaluations of faculty by students and may consist of information gathered specifically for publication on the institution’s web site.

(G) The term “post” shall mean to publish on an institution’s web site.

(H) The terms “public higher education institution” and “institution” shall mean an educational institution as defined in section 173.205.2 or 173.205.3, RSMo.

(I) The term “section” shall mean:

1. In cases where more than one (1) course with the same prefix, course number, and course title are offered, each distinct offering in which students may enroll; and/or

2. Each separate subdivision within one (1) course in which students break into groups in a formal manner to discuss and/or practice course content.

(2) Each institution shall post each of the following on a portion of its web site that is available to the general public without a login, student ID, user ID, or other password, except that no institution shall be required to post any item the publication of which would constitute a violation of state or federal law:

(A) The Names of all Faculty Members. This information must be posted no later than the first day of the first academic term starting on or after August 1, 2008, and for each academic term thereafter.

(B) Each Faculty Member’s Credentials. This information must be posted no later than the first day of the first academic term starting on or after August 1, 2008, and for each academic term thereafter.

(C) No later than ten (10) calendar days before the first day that any student may enroll for the next academic term, all available course information for the next academic term. If course information is not available ten (10) calendar days before the first day that any student may enroll for the next academic term, the institution shall post the information on its web site as soon as the information is available. If course information changes at any time before the conclusion of the semester, the institution must update its web site to reflect the change(s). This information must be posted before enrollment begins for the first academic term starting on or after August 1, 2008, and every academic term thereafter.

(3) Where feasible, each institution shall post on its web site instructor ratings by students, except that no institution shall be required to post any item the publication of which would constitute a violation of state or federal law.

(A) The ratings must include:

1. The most recent ratings available; or

2. A faculty member’s ratings for multiple academic terms, whether data for each term are presented separately or in aggregate form, so long as the ratings posted include the most recent ratings available.

(B) Each institution may determine whether to post each faculty member’s ratings:

1. As an aggregate representing ratings received for all courses taught by that faculty member; or

2. For each individual course taught by the faculty member.

(C) Institutions need not post ratings of faculty members who are teaching for the first time at the institution if no such ratings exist.

(D) If an institution decides to post ratings for each individual course taught by the faculty member and a faculty member is teaching a course for the first time, the institution need not post ratings for that course if no such ratings exist.

(E) This information must be posted at least ten (10) calendar days before the first day that any student may enroll for the next academic term, starting with the first academic term starting on or after August 1, 2009, and every academic term thereafter.

(F) If the Missouri Department of Higher Education (department) determines that the ratings posted by an institution do not provide sufficient information, that institution shall work cooperatively with the department to develop ratings that do provide information the department deems sufficient.

(G) Ratings must be posted on a portion of the institution’s web site that may be viewed by currently enrolled students and by all new students participating in the enrollment process at the institution.

AUTHORITY: section 173.1004, (SB 389, 94th General Assembly, First Regular Session (2007)). Original rule filed Oct. 25, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions nine hundred forty-two thousand six hundred twenty-two dollars (\$942,622) to implement in the aggregate in the first year. This estimate of fiscal impact is based on information provided by representatives of several public institutions of higher education. Several public institutions of higher education did not respond to the MDHE’s request for an estimate of fiscal impact. Those institutions are not included on the table below. They will, however, likely be fiscally impacted as a result of this new regulation.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Higher Education, 3515 Amazonas Drive, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Missouri Department of Higher Education
Division Title: Commissioner of Higher Education
Chapter Title: Consumer Information**

Rule Number and Name:	6 CSR 10-9.010 Rules for the Posting of Consumer Information
Type of Rulemaking:	Proposed rule

II. SUMMARY OF FISCAL IMPACT

The following estimates of fiscal impact were provided by representatives of each institution listed. Several public institutions of higher education did not respond to the MDHE's request for an estimate of fiscal impact. Those institutions are not included on the table below. They will, however, likely be fiscally impacted as a result of this new regulation.

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate		
	FY 08	FY 09	FY 10
Crowder College	\$29,315	\$9,315	\$9,315
East Central College	\$2,500	\$1,000	\$1,000
Lincoln University	\$20,750	\$34,500	\$35,000
Linn State Technical College	\$48,000	\$76,200	\$79,112
Mineral Area Community College	\$5,000	\$0	\$0
Missouri State University	\$58,520	\$60,861	\$63,295
Missouri Western State University	\$45,000	\$35,000	\$36,000
Moberly Area Community College	\$18,405	\$9,000	\$8,000
North Central Missouri College	\$30,000	\$0	\$0
Northwest Missouri State University	\$117,000	\$60,840	\$63,270
Ozarks Technical College	\$16,250	\$4,000	\$5,000
Southeast Missouri State University	\$37,000	\$32,000	\$32,000
St. Charles Community College	\$31,682	\$23,800	\$19,200
St. Louis Community College	\$25,000	\$25,000	\$25,000
Three Rivers Community College	\$200	\$200	\$200
Truman State University	\$0	\$0	\$0
University of Missouri (all campuses)	\$458,000	\$342,000	\$342,000

TOTAL IMPACT	\$942,622.00	\$713,716.00	\$718,392.00
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III. WORKSHEET

The following estimates of fiscal impact were provided by representatives of each institution listed. Several public institutions of higher education did not respond to the MDHE's request for an estimate of fiscal impact. Those institutions are not included on the narrative below. They will, however, likely be fiscally impacted as a result of this new regulation.

Crowder College

Approximately \$20,000 in the first year to develop a database of faculty evaluations that posts to the web. In addition, \$9,315 each year for additional salary and supplies. (\$4,140 for administrative staff to administer evaluations for all sections; \$3,000 for additional materials necessary to evaluate all courses; \$1,725 for salary to put paper evaluations into electronic form.)

East Central College

FY 08: \$1,500 for web design services. \$1,000 for data collection and programming.

FY 09: \$1,000 for data collection and programming.

FY 10: \$1,000 for data collection and programming.

Lincoln University

FY 08: \$16,250 for personnel (1 FTE to assist with development, administration, and analysis of rating instrument); \$4,000 for computer equipment/software; \$500 for supplies.

FY 09: \$32,500 for personnel; \$1,000 for computer equipment/software; \$1,000 for supplies (includes initial purchase and maintenance in subsequent years).

FY 10: \$32,500 for personnel; \$1,000 for computer equipment/software; \$1,500 for supplies (paper and computerized forms).

Linn State Technical College

FY 08: \$35,000 for salary + fringe; \$1,000 for supplies; \$500 for travel; \$4,500 for software; \$7,000 for hardware.

FY 09: \$72,800 for salary + fringe; \$1,000 for supplies; \$1,000 for travel; \$800 for software; \$600 for hardware.

FY 10: \$75,712 for salary + fringe; \$1,000 for supplies; \$1,000 for travel; \$800 for software; \$600 for hardware.

Mineral Area Community College

Mineral Area provided estimates for the implementation of two alternative plans for compliance with these regulations. The first estimate is based on compliance using paper surveys; the second is based on compliance using online software. Only the online software estimate was used in the table above; both are set forth here.

Paper surveys: FY 08: \$0. FY 09: \$900 for supplies; \$2,500 for tabulation. FY 10: \$930 for supplies; \$2,575 for tabulation.

Online software: FY 08: \$5,000 upgrade costs. FY 09: \$0. FY 10: \$0.

Missouri State University

For each year, 1 FTE to accumulate data required plus 10-25% of an FTE for web services. FY 08: \$58,520 for salary + fringe. FY 09: \$60,861 for salary + fringe. FY 10: \$63,295 for salary + fringe.

Missouri Western State University

FY 08: \$45,000 for salary + fringe. FY 09: \$35,000 for salary + fringe. FY 10: \$36,000 for salary + fringe.

Moberly Area Community College

FY 08: \$18,405 for staffing, software, hardware, and programming. FY 09: \$9,000 for staffing, software, hardware, and programming. FY 10: \$8,000 for staffing, software, hardware, and programming.

North Central Missouri College

FY 08: \$30,000 for programming and staff.

Northwest Missouri State University

FY 08: \$117,000 for two FTE web and database programming staff. FY 09: \$60,840 for web and database maintenance staff. FY 10: \$63,270 for web and database maintenance staff.

Ozarks Technical College

FY 08: \$15,000 for purchase and implementation of software, plus customization of database and web programming; \$1,250 to process student survey raw data collection to electronic form. FY 09: \$2,500 for annual software license/maintenance costs; \$1,500 for annual increases due to enrollment growth, inflation costs, etc. FY 10: \$3,000 for annual software license/maintenance costs; \$2,000 for annual increases due to enrollment growth, inflation costs, etc.

Southeast Missouri State University

The posting of faculty information will have no fiscal impact as the University already posts such information on its website. The one-time cost of programming to automate downloading of faculty evaluation information is approximately \$5,000. The annual cost of complying with the portion of the regulations addressing faculty evaluations will be approximately \$32,000.

St. Charles Community College

FY 08: *For posting faculty credentials:* \$2,782 for staff time for human resources; \$4,025 for staff time for IT programming; \$3,890 for staff time for web specialist; \$2,240 for clerical staff in academic affairs. *For posting instructor ratings by students:* \$4,960 for academic affairs investigation (160 hours x \$25/hour + fringe); \$7,000 for IT programming time; \$5,000 for IT implementation; \$1,785 for maintenance of data files (3 times per year x 24 hours x \$20/hour + fringe).

FY 09: \$23,800.

FY 10: \$19,200.

St. Louis Community College

Most costs will be absorbed into normal processes. The College will, however, have to have student evaluation sheets scanned by an outside company. Scans cost 30 cents per sheet. The College estimates that it will have to scan approximately 75,000 sheets each year. Forms will cost approximately \$2,500 per year. The estimated total additional cost is estimated at \$25,000 per year.

Three Rivers Community College

College staff estimate the cost of administering the new rules at \$200 each year or more.

Truman State University

The implementation of these regulations will place an additional burden on the University's Provost Office. However, because software that contains faculty credentials and teaching assignments is already in place, the primary task will be maintaining and updating the file. The University will incur some additional costs setting up access to the data, but there will be no significant ongoing costs that have currently been identified.

University of Missouri System

FY 08: \$458,000 for programming, technology hardware, and staffing. FY 09: \$342,000 for continued staffing and technology maintenance. FY 10: \$342,000 for continued staffing and technology maintenance.

IV. ASSUMPTIONS

The assumptions relied on in making these assessments are outlined above.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 41—General Tax Provisions**

PROPOSED AMENDMENT

12 CSR 10-41.010 Annual Adjusted Rate of Interest. The department proposes to amend section (1).

PURPOSE: Under the Annual Adjusted Rate of Interest (section 32.065, RSMo), this amendment establishes the 2008 annual adjusted rate of interest to be implemented and applied on taxes remaining unpaid during calendar year 2008.

(1) Pursuant to section 32.065, RSMo, the director of revenue upon official notice of the average predominant prime rate quoted by commercial banks to large businesses, as determined and reported by the Board of Governors of the Federal Reserve System in the Federal Reserve Statistical Release H.15(519) for the month of September of each year has set by administrative order the annual adjusted rate of interest to be paid on unpaid amounts of taxes during the succeeding calendar year as follows:

Calendar Year	Rate of Interest on Unpaid Amounts of Taxes
1995	12%
1996	9%
1997	8%
1998	9%
1999	8%
2000	8%
2001	10%
2002	6%
2003	5%
2004	4%
2005	5%
2006	7%
2007	8%
2008	8%

*AUTHORITY: section 32.065, RSMo 2000. Emergency rule filed Oct. 13, 1982, effective Oct. 23, 1982, expired Feb. 19, 1983. Original rule filed Nov. 5, 1982, effective Feb. 11, 1983. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 16, 2007, effective Jan. 1, 2008, expires June 28, 2008. Amended: Filed Oct. 16, 2007.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate. This proposed amendment will not result in an increase in the interest rate charged on delinquent taxes.

PRIVATE COST: This proposed amendment will cost private entities more than five hundred dollars (\$500) in the aggregate. This proposed amendment will not result in an increase in the interest rate charged on delinquent taxes. The actual number of affected taxpayers is unknown. See detailed fiscal note for further explanation.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legal Services Division, Governmental Affairs Bureau, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	12 CSR 10-41.010 Annual Adjusted Rate of Interest
Type of Rulemaking:	Proposed Amendment -- 2008

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by adoption of the proposed rule	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Any taxpayer with past due tax amounts.	Any taxpayer with past due tax amounts.	Because the amount of interest collected on past due amounts of taxes will be at the same rate, the aggregate impact on private entities will be less than \$500. The future amount of past due taxes is unknown, however, the gross amount of delinquent taxes as of June 30, 2007, was \$826,293,302. There is no change in interest on that amount as a result of the proposed amendment. The precise dollar impact on private entities is also unknown.

III. WORKSHEET

The future amount of past due taxes is unknown. The gross amount of delinquent taxes as of June 30, 2007, was \$826,293,302. There is a 0% interest increase on that amount and as a result of the proposed amendment there is no additional private cost. Following is a comparison for the cost to a taxpayer with a past due amount of \$100:

	Current Rule – 8%	Proposed Amendment – 8%
Past due tax amount	\$100.00	\$100.00
Interest amount	8.00	8.00
Total Amount Due	\$108.00	\$108.00

IV. ASSUMPTIONS

Pursuant to Section 32.065, RSMo, the director of revenue is mandated to establish an annual adjusted rate of interest based upon the adjusted prime rate charged by banks during September of that year as set by the Board of Governors of the Federal Reserve rounded to the nearest full percent. Because the future amount of past due taxes is unknown, the precise dollar impact on private entities is also unknown, however, for interest accrued on tax amounts owed as of or after the effective date of this rule, the costs to the private entity will remain unchanged.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—[Division of Medical Services]
MO HealthNet Division
Chapter 98—Psychiatric/Psychology/
Counseling/Clinical Social Work Program

PROPOSED AMENDMENT

13 CSR 70-98.015 Psychiatric/Psychology/Counseling/Clinical Social Work Program Documentation. The division is amending the purpose and sections (1)–(5), (7) and (8).

PURPOSE: This amendment changes the name of the state's medical assistance program to MO HealthNet and revises the name of the program's administering agency to MO HealthNet Division to comply with state law. The amendment also changes reference to program recipients to participants and updates the agency's website address. It also updates reference to the Children's Division.

PURPOSE: This rule establishes the regulatory basis for the documentation requirements of services provided through the [Medicaid] MO HealthNet psychiatric/psychology/counseling/clinical social work program. The Health Insurance Portability and Accountability Act (HIPAA) mandates that states allow providers to bill for services using the standard current procedural terminology (CPT) code sets, however, it does not require states to add coverage for services that it does not currently cover. The [Division of Medical Services (DMS)] MO HealthNet Division (MHD) has not added coverage of services previously not covered, however, it is redefining limitations based on standard code definitions, and clarification to [Medicaid] MO HealthNet policy.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The [Missouri Medicaid] MO HealthNet psychiatric/psychology/counseling/clinical social work program shall be administered by the Department of Social Services, [Division of Medical Services (DMS)] MO HealthNet Division (MHD). The services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by [DMS] MHD and shall be included in the [Medicaid] MO HealthNet Psychology/Counseling Provider Manual and Section 13.57 of the Physician's Provider Manual, which are incorporated by reference in this rule and available through the Department of Social Services, [Division of Medical Services] MO HealthNet Division website at [www.dss.mo.gov/dms/ www.dss.mo.gov/mhd, December 3, 2007. This rule does not incorporate any subsequent amendments or additions. Psychiatric/psychology/counseling/clinical social work services shall include only those which are clearly shown to be medically necessary. [The division reserves the right to affect changes in services, limitations, and fees with notification to providers.]

(2) Persons Eligible. The [Missouri Medicaid] MO HealthNet Program pays for approved [Medicaid] MO HealthNet services for psychiatric/psychology/counseling/clinical social work services when furnished within the provider's scope of practice. The [recipient] participant must be eligible on the date the service is furnished. [Recipients] Participants may have specific limitations for psychiatric/psychology/counseling/clinical social work services according to the type of assistance for which they have been determined eligi-

ble. It is the provider's responsibility to determine the coverage benefits for a [recipient] participant based on their type of assistance as outlined in the provider program manual. The provider shall ascertain the patient's [Medicaid] MO HealthNet/MC+ and managed care or other lock-in status before any service is performed. The [recipient's] participant's eligibility shall be verified in accordance with methodology outlined in the provider program manual.

(3) Provider Participation. To be eligible for participation in the [Missouri Medicaid] MO HealthNet psychiatric/psychology/counseling/clinical social work program, a provider must meet the licensing criteria specified for his or her profession and be an enrolled [Medicaid] MO HealthNet provider.

(A) The enrolled [Medicaid] MO HealthNet provider shall agree to:

1. Keep any records necessary to disclose the extent of services the provider furnishes to [recipients] participants; and

2. On request furnish to the [Medicaid] MO HealthNet agency or State Medicaid Fraud Control Unit any information regarding payments claimed by the provider for furnishing services under the plan.

(4) Documentation Requirements for Psychiatric/Psychology/Counseling/Clinical Social Work Services. Documentation must be in narrative form, fully describing each session billed. A check-off list or pre-established form will not be accepted as sole documentation. Progress notes shall be written and maintained in the patient's medical record for each date of service for which a claim is filed. Progress notes for psychiatric/psychology/counseling/clinical social work services shall specify:

(A) First and last name of [recipient] participant:

1. When family therapy is furnished, each member of the family included in the session must be identified. Description of immediate issue addressed in therapy, identification of underlying roles, conflicts or patterns, and description of therapist intervention;

2. When group therapy is furnished each service shall include the number of group members present, description of immediate issue addressed in therapy, identification of underlying roles, conflicts or patterns, and description of therapist intervention and progress towards goals;

(5) A plan of treatment is a required document in the overall record of the patient.

(A) A treatment plan must be developed by the provider based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the [recipient's] participant's situation and reflects the need for psychiatric/psychological/counseling/clinical social work services. If the service is for a child who is in the legal custody of the Children's Division [(formerly known as Division of Family Services, Children's Services section)], a copy of the treatment plan shall be provided to the Children's Division in order for the provider to retain reimbursement for the covered service(s).

(D) The treatment plan shall be reviewed on a periodic basis to evaluate progress toward treatment goals and outcomes and to update the plan.

1. Each person shall directly participate in the review of his or her individualized treatment plan.

2. The frequency of treatment plan reviews shall be based on the individual's level of care or other applicable program rules. The occurrence of a crisis or significant clinical event may require a further review and modification of the treatment plan.

3. The individualized treatment plan shall be updated and changed as indicated.

4. Each treatment plan update shall include the therapist assessment of current symptoms and behaviors related to diagnosis, progress to treatment goals, justification of changed or new diagnosis, response to other concurrent treatments such as family or group therapy and medications.

5. The therapist's plan for continuing treatment and/or termination from therapy and aftercare shall be considerations expressed in each treatment plan update.

6. A diagnostic assessment from a *[Medicaid]* **MO HealthNet** enrolled provider shall be documented in the patient's case record, which shall assist in ensuring an appropriate level of care, identifying necessary services, developing an individualized treatment plan, and documenting the following:

A. Statement of needs, goals, and treatment expectations from the individual requesting services. The family's perceptions are also obtained, when appropriate and available;

B. Presenting situations/problem and referral source;

C. History of previous psychiatric and/or substance abuse treatment including number and type of admissions;

D. Current medications and identifications of any medications allergies and adverse reactions;

E. Recent alcohol and drug use for at least the past thirty (30) days and, when indicated, a substance use history that includes duration, patterns, and consequences of use;

F. Current psychiatric symptoms;

G. Family, social, legal, and vocational/educational status and functioning. The collection and assessment of historical data is also required unless short-term crisis intervention or detoxification are the only services being provided;

H. Current use of resources and services from other community agencies;

I. Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural supports; and

J. Multi-axis diagnosis or diagnostic impression in accordance with the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association or the *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD9-CM). The ICD9-CM is required for billing purposes.

7. When interactive therapy is billed, the provider must document the need for this service and the equipment, devices, or other mechanism of equipment used.

8. When care is completed, the aftercare plan shall include, but is not limited to, the following:

A. Dates began and ended;

B. Frequency and duration of visits;

C. Target symptoms/behaviors addressed;

D. Interventions;

E. Progress to goals achieved;

F. Final diagnosis; and

G. Final recommendations including further services and providers, if needed, and activities recommended to promote further recovery.

(7) Documentation required by *[DMS]* **MHD** does not replace or negate documentation/reports required by the Children's Division for individuals in their care or custody. Providers are expected to comply with policies and procedures established by the Children's Division *[(formerly known as Division of Family Services, Children's Services section)]* and *[DMS]* **MHD**.

(8) Records Retention. *[Medicaid]* **MO HealthNet** providers must retain for six (6) years from the date of service fiscal and medical records that coincide with and fully document services billed to the *[Medicaid]* **MO HealthNet** Program, and must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, and retain adequate documentation for services billed to the *[Medicaid]* **MO HealthNet** Program may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in the *[Medicaid]* **MO HealthNet** Program. This policy continues to apply in the event of the provider's discontinuance as an actively participating

[Medicaid] **MO HealthNet** provider through change of ownership or any other circumstance.

AUTHORITY: sections 208.152, 208.153, and 208.201, *RSMo* [2000] (SB 577, 94th General Assembly, First Regular Session (2007)). Original rule filed Nov. 14, 2003, effective June 30, 2004. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, *MO HealthNet* Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand-delivered, comments must be brought to the *MO HealthNet* Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—[Division of Medical Services]
***MO HealthNet* Division**
**Chapter 98—Psychiatric/Psychology/
Counseling/Clinical Social Work Program**

PROPOSED AMENDMENT

13 CSR 70-98.020 Prior Authorization Process for Non-Pharmaceutical Mental Health Services. The division is amending the purpose and sections (1) and (2).

PURPOSE: This amendment changes the name of the state's medical assistance program to *MO HealthNet* and revises the name of the program's administering agency to *MO HealthNet* Division to comply with state law. The amendment also changes reference to program recipients to participants and updates the agency's website address and incorporated material.

PURPOSE: This rule establishes the process by which non-pharmaceutical mental health services will be prior authorized in order to be reimbursable by the *[Missouri Medicaid]* **MO HealthNet** Program. The prior authorization process will serve as a utilization management measure allowing payment only for this treatment and services (interventions) that are medically necessary, appropriate and cost-effective, and to reduce over-utilization or abuse of services without compromising the quality of care to *[Missouri Medicaid recipients]* **MO HealthNet** participants.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) This rule establishes a *[Medicaid]* **MO HealthNet** non-pharmaceutical mental health services prior authorization advisory committee in the Department of Social Services, *[Division of Medical Services]* **MO HealthNet** Division. The advisory committee shall be composed of practicing clinicians who are also licensed in their

respective fields. The advisory committee shall be composed of three (3) practicing psychiatrists, three (3) practicing psychologists, three (3) practicing licensed clinical social workers (LCSW), and three (3) practicing licensed professional counselors (LPC). All members shall be appointed by the director of the Department of Social Services. The members of the committee shall represent a broad spectrum of practice including, but not limited to, those providing services to adults, children, children in custody, the geriatric population, and Department of Mental Health clients. The members shall serve for a term of four (4) years, except that of the members first appointed, three (3) shall be appointed for one (1) year, three (3) shall be appointed for two (2) years, three (3) shall be appointed for three (3) years, and three (3) shall be appointed for four (4) years. Members of the committee shall receive no compensation for their services but shall be reimbursed for their actual and necessary expenses incurred related to participation on the committee, as approved by the [Division of Medical Services] MO HealthNet Division out of appropriations made for that purpose.

(2) All persons eligible for [medical assistance] MO HealthNet benefits shall have access to non-pharmaceutical mental health services when they are determined medically necessary when using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), published by the American Psychiatric Association, or the most currently published version of the DSM manual. The services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the [Division of Medical Services] MO HealthNet Division and shall be included in the [Medicaid] MO HealthNet Psychology/Counseling Provider Manual and Section 13 of the Physician Provider Manual, which are incorporated by reference [in this rule and available through] and made a part of this rule as published by the Department of Social Services, [Division of Medical Services] MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, on its website [at www.dss.mo.gov/dms] www.dss.mo.gov/mhd, December 3, 2007. This rule does not incorporate any subsequent amendments or additions. The [Medicaid] MO HealthNet non-pharmaceutical mental health services prior authorization advisory committee shall review and make recommendations regarding the prior authorization process to the [Division of Medical Services] MO HealthNet Division. The [Medicaid] MO HealthNet non-pharmaceutical mental health services prior authorization advisory committee shall hold a public hearing in order to make recommendations to the department prior to any final decisions by the division on the prior authorization process. The recommendations of the non-pharmaceutical mental health services prior authorization advisory committee shall be provided to the [Division of Medical Services] MO HealthNet Division, in writing, prior to the division making a final determination. The policy requirements regarding the prior authorization process for non-pharmaceutical mental health services shall be available through the Department of Social Services, [Division of Medical Services] MO HealthNet Division website at www.dss.mo.gov/dms] www.dss.mo.gov/mhd.

AUTHORITY: section 208.201, RSMo [2000] (SB 577, 94th General Assembly, First Regular Session (2007)). Original rule filed Jan. 15, 2004, effective Aug. 30, 2004. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—[Division of Medical Services]

MO HealthNet Division

Chapter 99—Comprehensive Day Rehabilitation

PROPOSED AMENDMENT

13 CSR 70-99.010 Comprehensive Day Rehabilitation Program. The division is amending the purpose and sections (1)–(8).

PURPOSE: This amendment changes the name of the state's medical assistance program to MO HealthNet and revises the name of the program's administering agency to MO HealthNet Division to comply with state law. The amendment also changes reference to program recipients to participants and updates the agency's zip code, website address, and incorporated material. It also clarifies that prior authorization of Comprehensive Day Rehabilitation Program services can be accomplished by the division or its designee.

PURPOSE: This rule establishes the regulatory basis for the administration of the Comprehensive Day Rehabilitation Program. This rule provides for such methods and procedures relating to the utilization of, and the payment for, care and services available under the [Medicaid] MO HealthNet program as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area. Specific details of provider participation, criteria and methodology for provider reimbursement, [recipient] participant eligibility, and amount, duration, and scope of services covered are included in the Comprehensive Day Rehabilitation Program manual, which is incorporated by reference in this rule and available at the website [www.dss.mo.gov/dms] www.dss.mo.gov/mhd.

(1) Administration. The [Missouri Medicaid] MO HealthNet Comprehensive Day Rehabilitation Program shall be administered by the Department of Social Services, [Division of Medical Services] MO HealthNet Division. The Comprehensive Day Rehabilitation services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the [Division of Medical Services] MO HealthNet Division and shall be included in the [Medicaid] MO HealthNet provider manuals, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, [Division of Medical Services] MO HealthNet Division, 615 Howerton Court, Jefferson City, MO [65102] 65109, at its website [www.dss.mo.gov/dms, July 1, 2006] www.dss.mo.gov/mhd, December 3, 2007. This rule does not incorporate any subsequent amendments or additions. Comprehensive Day Rehabilitation Program services shall include only those services that are prior authorized by the [Division of Medical Services] MO HealthNet Division or its designee.

(2) **Persons Eligible.** Prior authorized Comprehensive Day Rehabilitation services are covered for individuals with disabling impairments as the result of a traumatic head injury that are under the age of twenty-one (21), blind, or pregnant. The program provides intensive, comprehensive services designed to prevent or minimize chronic disabilities while restoring the individual to an optimal level of physical, cognitive, and behavioral function. Emphasis in the program is on functional living skills, adaptive strategies for cognition, memory or perceptual deficits, and appropriate interpersonal skills. The *[recipient] participant* must be eligible on the date the service is furnished. It is the provider's responsibility to determine the coverage benefits for a *[recipient] participant* based on their type of assistance as outlined in the Comprehensive Day Rehabilitation Program manual. The provider shall ascertain the patient's *[Medicaid] MO HealthNet/managed care* status before any service is performed. The *[recipient's] participant's* eligibility shall be verified in accordance with methodology outlined in the Comprehensive Day Rehabilitation Program manual.

(3) **Provider Participation.** To be eligible for participation in the *[Missouri Medicaid] MO HealthNet Comprehensive Day Rehabilitation Program*, a provider must have the certificate of accreditation (CARF) from the Rehabilitation Accreditation Commission, employ and retain qualified/licensed head injury professionals qualified to render the services covered through the Comprehensive Day Rehabilitation Program, be a free standing rehabilitation center or in an acute hospital setting with space dedicated to head injury rehabilitation, and be an enrolled *[Medicaid] MO HealthNet* provider.

(4) **Prior Authorization.** Comprehensive Day Rehabilitation services must be prior authorized by the *[Division of Medical Services] MO HealthNet Division or its designee* in order for the provider to receive reimbursement. The request is reviewed by a medical consultant, and the provider is notified if the request is approved or, if not approved, the reason for denial. No more than six (6) months of services will be approved. It is possible to receive an additional six (6)-month authorization if the patient is showing progress toward treatment goals. The maximum period of Comprehensive Day Rehabilitation services covered is one (1) year.

(5) **Covered Services.** Comprehensive Day Rehabilitation Program services are covered for half-day (three (3) to four (4) hours) and full day (five (5) or more hours) units when the *[recipient] participant* meets the admission criteria and is prior authorized by the *[Division of Medical Services] MO HealthNet Division or its designee*.

(6) **Reimbursement.** Payment will be made in accordance with the fee per unit of service as defined and determined by the *[Division of Medical Services] MO HealthNet Division*. Providers must bill their usual and customary charge for Comprehensive Day Rehabilitation services. Reimbursement will not exceed the lesser of the maximum allowed amount determined by the *[Division of Medical Services] MO HealthNet Division* or the provider's billed charges. Comprehensive Day Rehabilitation Program services are only payable to the enrolled, eligible, participating provider. The *[Medicaid] MO HealthNet* program cannot reimburse for services performed by non-enrolled providers.

(7) **Documentation Requirements for Comprehensive Day Rehabilitation Program.**

(A) The following must be maintained in the *[recipient's] participant's* clinical record:

1. Presenting complaint/request for assistance;
2. Relevant treatment history and background information;
3. Reported physical/medical/cognitive/psychological complaints;
4. Pertinent functional weaknesses and strengths;

5. Findings from formal assessments;
6. Plan of care;
7. Interview and behavioral observations;
8. Diagnostic formulation;
9. Recommendations for further evaluation and/or treatment needs; and
10. Dates of periodic review of the plan of care.

(8) **Records Retention.** These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the *[Medicaid] MO HealthNet* agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the *[Medicaid] MO HealthNet* program, as specified above, is a violation of this regulation.

AUTHORITY: sections 208.152, 208.153, 208.201 and 208.631, RSMo [Supp. 2005] (SB 577, 94th General Assembly, First Regular Session (2007)) and 208.164 and 208.633, RSMo 2000. Emergency rule filed Aug. 11, 2005, effective Sept. 1, 2005, expired Feb. 27, 2006. Original rule filed June 1, 2005, effective Nov. 30, 2005. Amended: Filed June 1, 2006, effective Dec. 30, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 40—Division of Maternal, Child and Family
Health
Chapter 7—Metabolic Formula [Distribution] Program**

PROPOSED RULE

19 CSR 40-7.040 Definitions

PURPOSE: This rule defines the terms used in this chapter.

(1) Client is a person who meets eligibility requirements as defined by 19 CSR 40-7.050 Program Eligibility, and is approved for participation in the Metabolic Formula Program (MFP).

(2) Department is the Missouri Department of Health and Senior Services.

(3) The Metabolic Formula Program is a program of the department through which low-protein formula, a special dietary product, is provided to individuals diagnosed as having phenylketonuria (PKU), maple syrup urine disease (MSUD) and other metabolic conditions as approved by the Newborn Screening Standing Committee. The Newborn Screening Standing Committee, a subcommittee of the

Missouri Genetic Advisory Committee, makes recommendations on newborn screening issues.

(4) Maple syrup urine disease (MSUD) is a metabolic disorder due to a defect in the enzyme that is responsible for the metabolism of the essential branched-chain amino acids isoleucine, leucine and valine.

(5) Metabolic treatment center is a medical facility with the capacity to diagnose metabolic conditions and to provide comprehensive medical management.

(6) Phenylketonuria (PKU) is a hereditary disorder of phenylalanine metabolism characterized by brain damage and mental retardation due to accumulation of toxic metabolic products.

(7) Resident is an individual having a domicile in Missouri with the intention to live in Missouri on a permanent basis.

(8) Sliding fee scale is the tool utilized to determine the monthly premium to be paid for the MFP program services.

AUTHORITY: sections 191.315, RSMo 2000, 191.331, RSMo (HCS for HB 948, 94th General Assembly, First Regular Session (2007)), and 191.332, RSMo Supp. 2006. Emergency rule filed Sept. 7, 2007, effective Sept. 17, 2007, expires March 14, 2008. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Health and Senior Services, Division of Maternal, Child and Family Health, Bureau of Genetics and Healthy Childhood, Sharmini V. Rogers, MBBS, MPH, Chief, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 40—Division of Maternal, Child and Family Health

Chapter 7—Metabolic Formula [Distribution] Program

PROPOSED RULE

19 CSR 40-7.050 Program Eligibility

PURPOSE: The Department of Health and Senior Services (DHSS) provides low-protein formula, a special dietary product, to individuals diagnosed as having phenylketonuria (PKU), maple syrup urine disease (MSUD) and other metabolic conditions as approved by the Newborn Screening Standing Committee, a subcommittee of the Missouri Genetic Advisory Committee which makes recommendations to the department on newborn screening issues. This rule establishes the criteria by which the Metabolic Formula Program accepts clients for service.

(1) Conditions of eligibility for the Metabolic Formula Program (MFP) include:

(A) An applicant must be diagnosed as having phenylketonuria (PKU), maple syrup urine disease (MSUD) or other metabolic conditions as approved by the Newborn Screening Standing Committee and recommended to the department. The diagnosis must be made by a physician who practices at a metabolic treatment center;

(B) An applicant must be a resident of Missouri and cannot reside in a state facility. Proof of residency will consist of submitting a copy of the previous month's utility bill with the applicant's home address clearly printed;

(C) The physician treating the applicant must submit the following information to the department:

1. A letter requesting the applicant be placed on the MFP;

2. The name and address of the applicant; and

3. A prescription, signed by the treating physician, stating the name of the low-protein formula, a special dietary product the individual will be using; and

(D) Financial eligibility guidelines for enrollment in the MFP shall be based upon the Poverty Income Guidelines as established by the United States Department of Health and Human Services. Determination of individual applicant eligibility shall be based upon the following:

1. Applicants five (5) years or under shall have no income qualification requirements;

2. Applicants six (6) through eighteen (18) years whose family income is below three hundred percent (300%) of the federal poverty level shall be eligible for enrollment in the MFP;

3. Applicants six (6) through eighteen (18) years whose family income is at three hundred percent (300%) of the federal poverty level or above shall be eligible based on a sliding fee scale for enrollment in the MFP;

4. Applicants nineteen (19) years and above whose income does not exceed one hundred eighty-five percent (185%) of the federal poverty level shall be eligible for enrollment in the MFP;

5. Size of family unit shall be the number of persons in the household, including the responsible party(ies) and dependents allowable by the Internal Revenue Service as federal income tax exemptions. The family size may be increased by two (2) additional family members per affected individual nineteen (19) years and above for the cost of low-protein formula; and

6. Funding to eligible applicants may be adjusted by the department based on available funding.

(2) A sliding fee scale shall be used to determine the amount of monthly premium and assistance to be provided by the department for those individuals six (6) through eighteen (18) years having no insurance, Medicaid or Medicare and whose adjusted gross income places the family at three hundred percent (300%) of the federal poverty level or above. The sliding fee scale shall be updated based on changes in the federal poverty guidelines. The adjusted gross income line from Internal Revenue Service recognized tax forms shall be the income used to determine financial eligibility with adjustments for child support received or paid. The table for establishing a sliding scale fee of premiums is provided below.

Table: Sliding Fee Scale for those Applicants Age 6 through 18 Years Based on Family Adjusted Gross Income

Adjusted Gross Income is:	Approximate Family Monthly Premium for Formula*
299% of poverty or below	0
300% - 399% of poverty	25%
400 - 499% of poverty	40%
500% of poverty and above	50%

*Based upon DHSS cost of formula and subject to available funding for the program.

(3) Approved applicants having no insurance coverage for metabolic formula, Medicaid benefits or other third party payor will have formula provided as prescribed by the person's genetic disease physician or a general physician in consultation with the genetic disease physician at the metabolic treatment center.

AUTHORITY: sections 191.315, RSMo 2000, 191.331, RSMo (HCS for HB 948, 94th General Assembly, First Regular Session (2007)), 191.332, RSMo Supp. 2006. Emergency rule filed Sept. 7, 2007, effective Sept. 17, 2007, expires March 14, 2008. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Health and Senior Services, Division of Maternal, Child and Family Health, Bureau of Genetics and Healthy Childhood, Sharmini V. Rogers, MBBS, MPH, Chief, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 40—Division of Maternal, Child and Family
Health
Chapter 7—Metabolic Formula [Distribution] Program**

PROPOSED RULE

19 CSR 40-7.060 Application Process

PURPOSE: This rule establishes how individuals apply for participation in the Metabolic Formula Program.

(1) Application for participation in the Metabolic Formula Program (MFP) shall be made on forms designated by the Department of Health and Senior Services. Application forms may be requested from the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570.

(2) The applicant, or if the applicant is a minor or incapacitated, the applicant's parent(s) or legal guardian, shall:

(A) Submit a copy of their most current federal 1040 tax form and complete a Metabolic Formula Program application that includes: the applicant's last name, first, middle initial; date of birth; gender; race; marital status; Social Security number; address (street, city, state, zip); county of residence; home telephone number; cell telephone number; work telephone number; responsible party (last, first, middle initial), relationship and phone number; a copy of any applicable court appointed guardian/custodian document; dependents claimed on federal income tax filing (last, first, middle initial), relationship to the applicant and Social Security number of the dependents; alternate contact (last, first, middle initial), relationship to the applicant and phone number; MO HealthNet number (if applicable); amount of MO HealthNet spend down per month (if applicable); copy of the front and back on any third party payors (if applicable); other proof of income if the most recent federal income tax filing is not reflective of the current financial status; yearly amount of child support received; and yearly amount of child support paid.

(B) Submit a copy of the previous month's utility bill with the applicant's home address clearly printed as proof of residency.

(C) Report any major changes in income, household composition, insurance, MO HealthNet coverage or address within ten (10) working days after the date the applicant or the applicant's parent(s) or legal guardian becomes aware of the change.

(3) When the applicant is eligible, payments shall be made for such services through MO HealthNet or other insurance benefits available to the applicant to the fullest possible extent. The benefits available under the provisions of section 191.331, RSMo 2000 shall not replace those provided under other federal or state law or under other contractual or legal entitlements of the persons receiving them.

(4) The applicant is responsible for paying for any amount of debt incurred above the program amount paid by the department based on the established sliding fee scale in 19 CSR 40-7.050.

(5) The applicant or the applicant's parent(s) or legal guardian shall provide the department with complete and accurate information concerning their financial status.

(6) To maintain eligibility, an applicant shall submit a new application prior to the end of the eligibility period. The eligibility period shall be the state fiscal year, July 1 through June 30. Each new application submitted must meet the eligibility requirements and the most recent federal 1040 tax form must be submitted with the application. Applications may be accepted any time during the fiscal year.

(7) If the applicant or the applicant's parent(s) or legal guardian does not meet the requirements of sections (1)–(3) of this rule, the MFP shall discontinue services. The applicant may retain eligibility for service coordination services if the applicant's income exceeds income eligibility guidelines.

(8) Any applicant determined ineligible for the MFP may reapply based on changes, which may make them eligible.

AUTHORITY: sections 191.315, RSMo 2000, 191.331, RSMo (HCS for HB 948, 94th General Assembly, First Regular Session (2007)); and 191.332, RSMo Supp. 2006. Emergency rule filed Sept. 7, 2007, effective Sept. 17, 2007, expires March 14, 2008. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Sharmini V. Rogers, MBBS, MPH, Chief, Missouri Department of Health and Senior Services, Division of Maternal, Child and Family Health, Bureau of Genetics and Healthy Childhood, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 40—Division of Maternal, Child and Family
Health
Chapter 10—Forensic Examinations for Sexual Assault**

PROPOSED RULE

19 CSR 40-10.010 Payments for Sexual Assault Forensic Examinations

PURPOSE: The Department of Health and Senior Services makes payments to appropriate medical providers to cover the charges of the forensic examination of a person who may be a victim of a sexual offense. This rule establishes the criteria by which forensic examination charges are paid.

- (1) The victim or the victim's guardian shall consent in writing to the examination.
- (2) The medical provider shall not charge the victim for the forensic examination.
- (3) All appropriate medical provider charges for the sexual assault forensic examinations shall be submitted to the Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood, Sexual Assault Forensic Examination Program, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102 for payment.
- (4) Claims for sexual assault forensic examination charges shall be made on forms provided by the Department of Health and Senior Services. The Sexual Assault Forensic Examination Program Report form is included herein and is also available on the department's web site at: <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>.
- (5) For the purposes of billing the Missouri Department of Health and Senior Services under section 191.225, RSMo (SS for SCS for HCS for HB 583, 94th General Assembly, First Regular Session, (2007)), claims shall not include the medical treatment. Medical treatment means the treatment of all injuries and health concerns relating directly from a patient's sexual assault or victimization including, but not limited to the following:
 - (A) Testing for sexually transmitted diseases (STD) or human immunodeficiency virus (HIV) unless victim is under fourteen (14) years of age;
 - (B) Treatment/prophylaxis of STD or HIV;
 - (C) Any antibiotic prophylaxis;
 - (D) Pregnancy testing;
 - (E) Emergency contraception;
 - (F) Tetanus immunization;
 - (G) Wound care, laceration repair;
 - (H) Fractures/sprain treatment;
 - (I) Surgical procedures;
 - (J) Discharge instruction counseling; and
 - (K) Outpatient follow-up.
- (6) Effective January 1, 2008 all claims for sexual assault forensic examination charges must be submitted to the department within one hundred twenty (120) days from the date of the forensic examination.
- (7) The department, at its discretion, may require proof of completion of forensic examinations for auditing purposes.

**Missouri Department of Health and Senior Services
Sexual Assault Medical Treatment Checklist**

In response to HB 583 passed in the 94th General Assembly, First Regular Session (2007) and signed into law, the Missouri Department of Health and Senior Services was required to develop a medical treatment checklist for medical providers to refer to when caring for a victim of a sexual offense. This checklist is created with the assumption that a comprehensive examination was conducted and thus is not addressed in this checklist. This checklist is only a guide for treatment purposes and it includes, but is not limited to the following:

- ☐ Priority care and private room for patient
- ☐ Respond to patient safety concerns
- ☐ Transfer protocol (MOU/MOA) if needed
- ☐ HIV counseling
- ☐ STD counseling
- ☐ STD testing (microbiologic and serologic)
- ☐ STD treatment/prophylaxis
- ☐ HIV testing (if indicated by CDC)
- ☐ HIV treatment/prophylaxis (if indicated)
- ☐ Other antibiotic prophylaxis (if indicated)
- ☐ Pregnancy testing
- ☐ Emergency contraceptive treatment
- ☐ Tetanus immunization (if indicated)
- ☐ Laceration repair (if indicated)
- ☐ Wound care
- ☐ Fracture/sprain treatment (if necessary)
- ☐ Shower for hygiene after exam complete
- ☐ Clothing for discharge and other comfort supplies as needed
- ☐ Release of information to appropriate agencies (Crime Victims' Compensation, law enforcement, etc.)
- ☐ Discharge instructions and counseling
- ☐ Discharge safety plan as needed
- ☐ Out-patient follow up

Items on this checklist have no bearing on billing, as the Missouri Department of Health and Senior Services will not reimburse claims for medical treatment of a victim of a sexual offense.

Resources:

A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents),
US Department of Justice, Office of Violence Against Women, September 2004.
<http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

Evaluation and Management of the Sexually Abused Patient,
American College of Emergency Physicians, 1999.
http://www.acep.org/NR/rdonlyres/11E6C08D-6EE7-4EE2-8E59-5E8E6E684E43/0/sxa_handbook.pdf

Joint Council on Accreditation of Healthcare Organizations (JCAHO)
Joint Commission Standards PC.3.10
<http://www.endabuse.org/programs/display.php3?DocID=266>

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM**

- Missouri State Statute 191.225 RSMo requires appropriate medical providers to bill the Department of Health and Senior Services (DHSS) for the forensic examination of sexual assault victims to collect evidence.
- Sexual Assault Forensic Examination Forms for Adult Male, Adult Female and Children will be posted by October 1 to the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. These forms were designed by forensic exam experts to provide guidance for a standardized, quality forensic exam. Use of these exam forms is not mandatory and completed forms should **not** be submitted to DHSS for billing purposes. These forms were approved by the Attorney General's office.
- The Sexual Assault Forensic Examination Program Report is a one-page document that has been created to combine the consent for the exam, the release of information and the notification to the prosecuting attorney as well as the billing for a forensic exam. The medical provider shall send the Sexual Assault Forensic Examination Program Report within three business days of the completion of the forensic examination to the County Prosecuting Attorney's Office in the county where the alleged incident occurred. The form will be available October 1 on the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. The Missouri Prosecuting Attorney's website www.ago.mo.gov/countyprosecutors.htm lists prosecutors' contact information by county.
- The Sexual Assault Forensic Exam Checklist was developed by forensic examination experts to provide guidelines for a standardized, quality forensic exam. The checklist is also a guide to determine the level of care provided to sexual assault victims. Check all items as they apply to the level of care provided during the sexual assault forensic examination.
- The Sexual Assault Forensic Examination Program Report as well as the Sexual Assault Forensic Exam Checklist (check all of the appropriate boxes for services provided) should be completed and mailed with an itemized bill to:
Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
Sexual Assault Forensic Examination Program
930 Wildwood Drive
P.O. Box 570
Jefferson City, MO 65102-0570
Note: please include the provider's remit to address on the form.
Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam.
- The DHSS shall make payments to appropriate medical providers to cover the charges of the forensic examination of persons who may be victims of a sexual offense.
The victim is not to be billed for any sexual assault forensic examination charges.
All other medical charges should be billed to the appropriate billing agency.
- There are two other victim assistance organizations that may be useful to your patient/client:

Missouri Coalition Against Domestic and Sexual Violence (MCADSV) can refer clients to the nearest sexual assault service provider for additional support.
Phone: (573) 634-4161
Website: www.mocadsv.org

Missouri Crime Victims' Compensation may reimburse persons who have suffered injuries and financial loss due to certain crimes of violence.
Phone: (573) 526-6006
Website: <http://www.dps.mo.gov/CVC>

- If you need additional information about the Sexual Assault Forensic Examination (SAFE) Program, please contact the Department of Health and Senior Services at (573) 751-6210.

Rev. 8/07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SEXUAL ASSAULT FORENSIC EXAMINATION PROGRAM REPORT

EXAMINATION AND INCIDENT INFORMATION			
DATE OF EXAMINATION	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	COUNTY WHERE INCIDENT OCCURRED	DATE OF INCIDENT
EVALUATION FOR SUSPECTED ABUSE <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Other:			ALLEGED ABUSER
AGENCY PERSON REFERRING VICTIM FOR EXAM (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Parent or Guardian	REFERRING AGENCY OR PERSON NAME	PHONE NUMBER
<input type="checkbox"/> Children's Division	<input type="checkbox"/> Law Enforcement	ADDRESS	
<input type="checkbox"/> Health Care	<input type="checkbox"/> Other _____		
VICTIM INFORMATION			
VICTIM NAME		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		HISPANIC ETHNICITY <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/PARENT GUARDIAN			
Parental consent for a sexual assault forensic exam is not required in cases of known or suspected child abuse. I hereby request a forensic examination for evaluation of sexual assault. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area. I understand that a copy of this form will be sent to the Prosecuting Attorney in the county where the alleged sexual assault occurred. I further understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Health and Senior Services for billing purposes.			
SIGNATURE OF (CHECK ONE) <input type="checkbox"/> Victim <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		SIGNATURE	
AUTHORIZATION FOR FORENSIC EXAMINATION - REQUESTING AGENCY			
I request a forensic examination and collection of evidence for suspected sexual abuse.			
AGENCY	SIGNATURE		DATE
EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this victim and a copy of this form has been submitted within three business days to the prosecuting attorney in the county where the alleged offense occurred.			
FACILITY NAME		FACILITY ADDRESS	
MEDICAL PROVIDER NAME AND TITLE	COUNTY OF FACILITY	PHONE NUMBER	
STATE MEDICAL/NURSING LICENSE NUMBER			
SIGNATURE OF MEDICAL PROVIDER		SIGNATURE OF CO-EXAMINER (IF APPLICABLE)	
FOR CHILDREN'S DIVISION USE ONLY			
Incident Number:	Report Date:	Conclusion:	
BILLING INSTRUCTIONS			
Effective August 28, 2007, the Department of Health and Senior Services (DHSS) is the first payer for all sexual assault forensic examination charges (RSMo 191.225). Medical providers shall not bill victims for the sexual assault forensic examination. The DHSS will only pay for the forensic exam, not the medical treatment, for sexual assault victims. All other medical charges should be billed to the appropriate billing agency. Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam. For payments, submit an itemized invoice (including CPT codes if available), the completed checklist and this form to:			
Missouri Department of Health and Senior Services Bureau of Genetics and Healthy Childhood Sexual Assault Forensic Examination Program PO Box 570 Jefferson City, MO 65102-0570			
NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION			PHONE
REMIT TO ADDRESS:			

Missouri Department of Health and Senior Services (DHSS) Sexual Assault Forensic Exam Checklist**Check all items as provided during the sexual assault forensic exam.**

- ☐ Utilized appropriate evidence collection kit (Kansas City, St. Louis or Highway Patrol Lab)
- ☐ Completed screening exam for Emergency Medical Condition
- ☐ Activated bedside advocacy
- ☐ Activated interpreter
- ☐ Interventions for disabilities
- ☐ Obtained history of assault (including narrative)
- ☐ Obtained history of drug facilitated sexual assault (if indicated)
- ☐ Obtained consent for evaluation and treatment
- ☐ Obtained consent for evidentiary SAFE exam
- ☐ Obtained consent for photography
- ☐ Obtained consent for drug screening (if drug facilitated assault indicated)
- ☐ Obtained consent for release of information to all appropriate agencies
- ☐ Obtained consent for law enforcement activation (per patient request)
- ☐ Collected urine for drug facilitated sexual assault
- ☐ Collected underwear worn during or immediately after the assault
- ☐ Collected clothing, as forensically indicated, in brown paper bags, sealed and labeled
- ☐ Obtained swabs & smears from all areas that victim states were bitten or licked
- ☐ Obtained swabs & smears from appropriate areas as identified using an alternative light source
- ☐ Collected blood standard (if forensically indicated)
- ☐ Utilized crime scene investigators for bite mark impressions (if forensically indicated)
- ☐ Collected oral swab for DNA Standard. (if forensically indicated)
- ☐ Collected oral swabs & smear (if orally assaulted)
- ☐ Collected anal swabs & smear (if forensically indicated)
- ☐ Collected vaginal swabs & smear (if forensically indicated)
- ☐ Collected cervical swabs & smear (if forensically indicated)
- ☐ Collected penile swabs & smear (if forensically indicated)
- ☐ Collected head hair standard (if forensically indicated)
- ☐ Collected pubic hair standard (if forensically indicated)
- ☐ Completed toluidine dye exam (if forensically indicated)
- ☐ Completed X-rays (if indicated)
- ☐ Completed CTs (if indicated)
- ☐ Collected unknown sample(s) (if forensically indicated)

Describe:

-
- ☐ Collected fingernail scrapings (if forensically indicated)
 - ☐ Photography: (with colposcope or digital)
 - ☐ Genital photography by forensic examiner
 - ☐ Non-genital photography by forensic examiner
 - ☐ Less than 10 photos
 - ☐ More than 10 photos
 - ☐ Forensic evidence storage/log (as indicated)
 - ☐ Completion of DHSS Adult Female Sexual Assault Exam Form, Adult Male Sexual Assault Exam Form, or Child Sexual Assault Exam Form
 - ☐ Confidential forensic patient file separate from general hospital medical records
 - ☐ Forensic exam conducted by forensically trained physician or healthcare provider such as a Sexual Assault Nurse Examiner (SANE)

- Federal Violence Against Women Act prohibits mandatory reporting to law enforcement to obtain services.

Resources:

U.S. Department of Justice, National Protocol for Sexual Assault Medical Forensic Examinations (9/04)

Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians (6/99)

AUTHORITY: section 191.225, RSMo (SS for SCS for HCS for HB 583, 94th General Assembly, First Regular Session (2007)). Emergency rule filed Sept. 6, 2007, effective Sept. 16, 2007, terminated Nov. 3, 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expires March 13, 2008. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Health and Senior Services, Division of Maternal, Child and Family Health, Bureau of Genetics and Healthy Childhood, Sharmini Rogers, MBBS, MPH, Chief, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

**Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED AMENDMENT

20 CSR 100-1.010 Definitions. The director is amending the division name, "Purpose" clause and section (1) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule. Furthermore, this amendment may correct any minor grammatical or spelling errors.

PURPOSE: This rule sets forth definitions used in [20 CSR 100-1 of the Code of State Regulations] the rules in this division to aid in the interpretation of various terms and phrases.

(1) [Definitions.] As used in the Unfair Claims Settlement Practices Act at sections 375.1000 to 375.1018, RSMo and in the regulations promulgated pursuant thereto—

(A) "Insurance producer" or "producer," [means] any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim;

(B) "Claim," [means]—

1. A request or demand for payment of a loss which may be included within the terms of coverage of an insurance policy; or

2. A request or demand for any other payment under the policy, such as for the return of unearned premium or nonforfeiture benefits;

(C) "Claimant," [means] any—

1. First-party claimant, including a subscriber under any plan providing health services;

2. Third-party claimant; or

3. Person or entity submitting a claim on behalf of any insured and includes the claimant's designated legal representative and a member of the claimant's immediate family designated by the claimant;

(D) "First-party claimant," [means] any individual, corporation, association, partnership or other legal entity asserting a right to payment arising out of the occurrence of a contingency or loss covered by an insurance policy;

(E) "Insurer," [means] any legal entity organized, incorporated or doing business under the provisions of Chapter(s) 354, 375-379, 381 or 383, RSMo or otherwise engaged in the business of insurance in this state;

(F) "Investigation," [means] all activities of an insurer directly or indirectly related to the determination of liabilities under coverages afforded by an insurance policy;

(G) "Notification of claim," [means] any notification, whether in writing or by other means acceptable under the terms of an insurance policy to an insurer or its insurance producer, by a claimant, which reasonably apprises the insurer of the facts pertinent to a claim;

(H) "Third-party claimant," [means] any individual, corporation, association, partnership or other legal entity asserting a claim against any individual, corporation, association, partnership or other legal entity insured under an insurance policy;

(I) "Insurance policy," [means] any insurance contract, certificate of insurance or contract under which health services are to be provided; and

(J) "Time error rate," refers to any one (1) of the following:

1. Acknowledgment time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(2), RSMo, or violated 20 CSR 100-1.030;

2. Investigation time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(3), RSMo, or violated 20 CSR 100-1.030; or

3. Determination time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(7), RSMo, or violated 20 CSR 100-1.050.

AUTHORITY: sections 374.045, RSMo 2000 and 375.1000-375.1018, SB 66, Ninety-fourth General Assembly, First Regular Session (2007). This rule was previously filed as 4 CSR 190-10.060(1). Original rule filed Aug. 5, 1974, effective Aug. 15, 1974. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

**Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED AMENDMENT

20 CSR 100-1.020 Misrepresentation of Policy Provisions in Claims Settlement. The director is amending the title, section (1) and renumbering the other sections as subsections to this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule. Furthermore, this amendment may correct any minor grammatical or spelling errors.

(1) An insurer who engaged in one or more of the following acts or practices shall be deemed to be engaged in "misrepresenting policy provisions" as used in section 375.1007(1), RSMo. This rule is not intended to be all inclusive and acts or practices not enumerated in this rule may also be deemed misrepresentation.

[(1)](A) No insurer shall fail to fully disclose to first-party claimants all pertinent benefits, coverages or other provisions of an insurance policy under which a claim is presented.

[(2)](B) No insurance producer shall conceal from any first-party claimant the benefits, coverages or other provisions of any insurance policy when these benefits, coverages or other provisions are pertinent to a claim.

[(3)](C) No insurer shall deny any claim for failure to exhibit the property without proof of demand and unfounded refusal by a claimant to do so.

[(4)](D) No insurer shall deny any claim based upon the insured's failure to submit a written notice of loss within a specified time following any loss, unless this failure operates to prejudice the rights of the insurer.

[(5)](E) No insurer shall request a first-party claimant to sign a release that extends beyond the subject matter that gave rise to the claim payment.

[(6)](F) No insurer shall issue any draft in partial settlement of a claim under a specific coverage, when endorsement of the draft would totally release the insurer or its insured from liability.

AUTHORITY: sections 374.045, RSMo 2000 and 375.1000–375.1018, [RSMo 2000] SB 66, Ninety-fourth General Assembly, First Regular Session, (2007). This rule was previously filed as 4 CSR 190-10.060(3). Original rule filed Aug. 5, 1974, effective Aug. 15, 1974. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not

heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE
Division 100—Division of Consumer Affairs
Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED RESCISSION

20 CSR 100-1.040, Standards for Prompt Investigation of Claims. This rule aided in the interpretation of section 375.1007(3), RSMo.

PURPOSE: This rule is being rescinded and moved to 20 CSR 100-1.050.

AUTHORITY: sections 374.045, RSMo Supp. 1996 and 375.1000–375.1018, RSMo 1994. This rule was previously filed as 4 CSR 190-10.060(5). Original rule filed Aug. 5, 1974, effective Aug. 15, 1974. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed Nov. 1, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rescission at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rescission until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

**Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED AMENDMENT

20 CSR 100-1.050 Standards for Prompt, Fair and Equitable Settlement of Claims. The director is amending section (3) of this

rule, renumbering the subsequent section and adding a new section (5).

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule. Furthermore, this amendment may correct any minor grammatical or spelling errors.

(3) Standards for Prompt, Fair and Equitable Settlements Applicable to Property Insurance.

(A) Insurers shall be responsible to repair or replace damaged siding or roofing material with like kind and quality products.

1. Where replacement shall be necessary and the original siding/roofing material is no longer available, the insurer shall be required to use like kind and quality products. Like kind and quality means siding/roofing material with similar lifetime warranties, color, quality, composition and same or similar size of the original product that does not result in diminished value to the property. Diminished value means to make less or cause to appear less in value as determined by a reasonable person, excluding normal deterioration and fading.

2. Where repairs are justified in accordance with industry standards in lieu of replacement, the insurer shall use products and techniques that do not result in diminished value to the property. Diminished value means to make less or cause to appear less in value as determined by a reasonable person, excluding normal deterioration and fading.

[[3]](4) Standards for Prompt, Fair and Equitable Settlements Applicable to Health Insurance.

(A) Precertification. An insurer may require that claimants for health insurance benefits have their course of treatment certified in advance of incurring the claim based upon the course of treatment, so long as the following requirements are met:

1. The rules of the insurer for precertification must be fully disclosed to the covered person in advance of any incurred claim or course of treatment; and

2. Precertification determinations must be made in a prompt, fair and equitable manner.

(B) Denial of Precertified Claims.

1. No insurer may deny, in whole or in part, any claim for health insurance benefits if—

A. The claim is based upon a course of treatment which has been precertified; and

B. The claim denial is based upon one (1) or more of the following reasons:

(I) The claim or course of treatment was not medically necessary; or

(II) The claim or course of treatment was experimental.

2. The provisions of paragraph (3)(B)1. of this rule do not apply to any claim against an insurer which has a contract—

A. With the health care provider who provided the treatment upon which the claim is based; and

B. Which requires the health care provider to hold the insured harmless from the denial of the claim.

(5) Standards for Prompt Investigations of Claims. Every insurer shall complete an investigation of a claim within thirty (30) days after notification of the claim, unless the investigation cannot reasonably be completed within this time.

AUTHORITY: sections 374.045, RSMo [Supp. 1996] 2000 and 375.1000–375.1018, [and 408.020.2, RSMo 1994,] SB 66, Ninety-fourth General Assembly, First Regular Session (2007). This rule previously filed as 4 CSR 190-10.060(6), (7) and (II). Original

rule filed Aug. 5, 1974, effective Aug. 15, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

**Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED AMENDMENT

20 CSR 100-1.100 Claims Involving Public Adjusters or Solicitors. The director is numbering the first paragraph as section (1) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule. Furthermore, this amendment may correct any minor grammatical or spelling errors.

(1) No insurance company authorized to do the business of insurance in Missouri shall make payment of any insurance claim, or any portion of a claim, to a public adjuster or solicitor on account of services rendered by a public adjuster or solicitor to an insured unless the name of the insured is added as a joint payee on any claim check or draft. The payment, whether by check, draft or otherwise, should be sent to the address designated by the insured.

AUTHORITY: sections 374.045, RSMo [Supp. 1996] 2000 and 375.1000–375.1018, [RSMo 1994,] SB 66, Ninety-fourth General Assembly, First Regular Session (2007). This rule previously filed as 4 CSR 190-10.060(10). Original rule filed Aug. 5, 1974, effective Aug. 15, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

**Chapter 1—Improper or Unfair Claims Settlement
Practices**

PROPOSED AMENDMENT

20 CSR 100-1.200 Claims Practices When Retrospective Premiums Paid. The director is amending the “Purpose” clause and numbering the first paragraph as section (1) to this rule.

PURPOSE: This amendment reflects the proper citation for the *Missouri Revised Statutes* and may correct any minor errors.

PURPOSE: This regulation prohibits policyholders from settling their own losses, pursuant to the provisions of section 374.045, RSMo [1986] and implements section 375.445, RSMo [1986].

(1) No insurer, insurance producer or representative shall permit or allow a policyholder, whether corporate or individual, to engage in the settlement of third-party liability claims against that policyholder’s liability coverage on behalf of the insurer when premiums payable for third-party liability coverage are calculated or are to be modified on the basis of third-party liability losses, loss payments or settlement expenses.

AUTHORITY: sections 374.045 and 375.445, RSMo 2000. This rule previously filed as 4 CSR 190-10.055. Original rule filed Aug. 5, 1974, effective Aug. 15, 1974. Amended: Filed July 12, 2002, effective Jan. 30, 2003. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition

to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—[Division of Consumer Affairs]
Insurer Conduct**

Chapter 2—Unfair Trade Practices

PROPOSED AMENDMENT

20 CSR 100-2.100 Unfair Financial Planning Practices. The director is amending the division name, “Purpose” clause and section (1) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name “Department of Insurance, Financial Institutions and Professional Registration” will be abridged to “the department” for use in this rule. Furthermore, this amendment reflects the proper citation for the *Missouri Revised Statutes*.

PURPOSE: This rule defines in part false information and advertising under section 375.936(4), RSMo [1986]].

(1) No insurance [agent or insurance broker] **producer** licensed by the [Missouri Department of Insurance] **department** shall—

(B) Represent him/herself as being in the business of financial planning without disclosing to the client that s/he is licensed as an insurance [agent or an insurance broker] **producer** in Missouri; and

(C) Charge a fee or other form of compensation for financial planning when that person is selling insurance unless that person is licensed as an insurance [broker] **producer** and complies with the requirements of section 375.116, RSMo.

AUTHORITY: section 374.045, RSMo [1986] 2000. This rule previously filed as 4 CSR 190-10.120. Original rule filed Oct. 16, 1989, effective April 15, 1990. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

Division 100—[Division of Consumer Affairs]

Insurer Conduct

Chapter 2—Unfair Trade Practices

PROPOSED AMENDMENT

20 CSR 100-2.200 Unfair Discrimination on the Basis of Blindness, Partial Blindness or Physical or Mental Impairment. The director is amending the division name and “Purpose” clause to this rule.

PURPOSE: This amendment reflects the proper citation for the Missouri Revised Statutes and may correct any minor errors.

PURPOSE: This regulation identifies specific acts or practices which are prohibited by section 375.936, RSMo [1986]. It follows the National Association of Insurance Commissioners model regulation dealing with discrimination based on blindness or partial blindness and its model regulation dealing with discrimination based on physical or mental impairment.

AUTHORITY: sections 374.045 and 375.936, RSMo [1986] 2000. This rule was previously filed as 4 CSR 190-13.170. Original rule filed Feb. 10, 1978, effective Aug. 11, 1978. Rescinded and readopted: Filed March 7, 1985, effective Aug. 11, 1985. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE
Division 100—Division of Consumer Affairs
Chapter 2—Unfair Trade Practices**

PROPOSED RESCISSION

20 CSR 100-2.300 The Actual Payment Must Be Basis for Policy or Plan Calculations. The director is rescinding this rule.

PURPOSE: This rule is being rescinded because similar text is being adopted as rule 20 CSR 400-2.065.

AUTHORITY: sections 354.085, 354.120, 354.485, 374.045 and 376.405, RSMo 1994. Original rule filed May 1, 1995, effective Dec. 30, 1995. Rescinded: Filed Nov. 1, 2007.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rescission at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rescission until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

Division 100—[Division of Consumer Affairs]

Insurer Conduct

**Chapter 3—Fraudulent [Practices] Insurance Claims
and Acts**

PROPOSED AMENDMENT

20 CSR 100-3.100 Fraud Investigation Reports. The director is amending the division name, chapter title “Purpose” clause and sections (1) and (2) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name “Department of Insurance, Financial Institutions and Professional Registration” will be abridged to “the department” for use in this rule.

PURPOSE: This rule sets forth the forms to be used in reporting fraudulent insurance acts to the [Missouri Department of Insurance] department under sections 375.991–375.994, RSMo.

(1) **Insurers must report any allegation of a fraudulent insurance claim to the Consumer Affairs Division using a [The] Fraud Investigation Report by [Insurer]/form [set forth as Exhibit 1 of this rule shall be used by any insurer reporting an allegation of a fraudulent insurance claim to the department.] (Form F-I) adopted and approved by the director in 20 CSR 100-4.030.** This form also may be used by an insurer seeking the department’s assistance in the investigation and prosecution alleged fraudulent insurance claims and other types of fraudulent insurance acts.

(2) **Any person other than an insurer reporting a fraudulent insurance act to the Consumer Affairs Division must use a [The]**

Fraud Investigation Report by *[/Consumer/]* form *[set forth as Exhibit 2 of this rule shall be used by any noninsurer for reporting a fraudulent insurance act to the department.]* (Form F-C) adopted and approved by the director in 20 CSR 100-4.030.

AUTHORITY: sections 374.045, *[RSMo 1986 and]* 375.992 and 375.993, RSMo *[Supp. 1990]* 2000, 375.991, RSMo Supp. 2006 and 375.994, SB 66, Ninety-fourth General Assembly, First Regular Session, (2007). Original rule filed Sept. 15, 1992, effective June 7, 1993. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 100—[Division of Consumer Affairs] Insurer Conduct

Chapter 4—[Divisional Inquiry Response Requirements] General

PROPOSED RULE

20 CSR 100-4.010 Definitions

PURPOSE: This rule sets forth definitions used in this division to aid insurers, producers, the Consumer Affairs Division and the Insurance Market Regulation Division in the interpretation of various terms and phrases.

(1) As used in this division, the following terms and phrases shall be interpreted as follows:

(A) "Adequate response," a written response answering each inquiry with reasonable specificity. A person's acknowledgment of the division's inquiry is not an adequate response.

(B) "Department," the Department of Insurance, Financial Institutions and Professional Registration.

(C) "Director," the director of the Department of Insurance, Financial Institutions and Professional Registration.

(D) "Inquiry," each and every question or request for information submitted in writing to a person by the Consumer Affairs Division concerning subjects which are within the division's authority to regulate or investigate.

(E) "NAIC," the National Association of Insurance Commissioners.

(F) "Person," any person as that term is defined in sections 374.046(17), 375.932(4) and 375.1002(3), RSMo, including "insurers" as that term is defined in sections 375.932(3) and 375.1002(2), RSMo, and any other entity, association or individual, whether or not the director has granted a license or certificate of authority to the entity, association or individual.

AUTHORITY: section 374.045, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 100—[Division of Consumer Affairs] Insurer Conduct

Chapter 4—[Divisional Inquiry Response Requirements] General

PROPOSED RULE

20 CSR 100-4.020 Adopting NAIC Handbooks and Standards

PURPOSE: This rule effectuates and aids in the interpretation of the laws of this state pertaining to the business of insurance, and the rules, regulations, standards and guidelines of the National Association of Insurance Commissioners.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The director adopts and incorporates by reference in this division the following rules, regulations, standards, and guidelines of the National Association of Insurance Commissioners (NAIC) without publishing the materials in full:

(A) *Market Regulation Handbook* (2007);

(B) *Statistical Compilation of Annual Statement Information* (2007); and

(C) *Statistical Handbook of Data Available to Insurance Regulators* (2004).

(2) The above referenced rules, regulations, standards, or guidelines do not include any later amendments or additions.

(3) The publisher's name and address is the National Association of Insurance Commissioners, Executive Headquarters, 2301 McGee Street Suite 800, Kansas City, MO 64108-2662.

AUTHORITY: section 374.045, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 100—[Division of Consumer Affairs]
Insurer Conduct
Chapter 4—[Divisional Inquiry Response
Requirements] General**

PROPOSED RULE

20 CSR 100-4.030 Forms

PURPOSE: This rule prescribes the forms adopted and approved for filing with the department under this title.

(1) The following forms have been adopted and approved for filing with the department:

(A) Fraud Investigation Report.

1. Insurers. Form F-I—Fraud Investigation Report by Insurers, revised in February 1990, or any form which substantially comports with the specified form.

2. Other Persons. Form F-C—Fraud Investigation Report by Consumers, revised in February 1990, or any form which substantially comports with the specified form.

(2) Forms adopted and approved by this rule may be obtained via the website at www.difp.mo.gov or may be requested by mailing a request to Consumer Affairs Division, PO Box 690, 301 West High Street, Jefferson City, MO 65102.

AUTHORITY: section 374.045, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 100—[Division of Consumer Affairs]
Insurer Conduct
Chapter 4—[Divisional Inquiry Response
Requirements] General**

PROPOSED AMENDMENT

20 CSR 100-4.100 Required Response to [Divisional] Inquiries by the Consumer Affairs Division. The director is amending the division name, chapter title and sections (1) and (2) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule.

(1) *Definitions.*

(A) *Person* means any person or insurer as those terms are defined in sections 374.085, 375.932(3) and (4) and 375.1002(2) and (3), RSMo, and shall also include any other entity or person over which the division has jurisdiction.

(B) *Inquiry* means each and every question or request for information submitted in writing to a person by the division concerning subjects which are within the division's authority to regulate or investigate.

(C) *Adequate response* means a written response answering each inquiry with reasonable specificity. A person's acknowledgment of the division's inquiry is not an adequate response.

(D) *Division* means the Department of Insurance, Division of Consumer Affairs.] As used in this rule, "division" means the Consumer Affairs Division.

(2) Except as required under subsection (2)(B)—

(A) Upon receipt of any inquiry from the division, every person shall mail to the [department] **division** an adequate response to the

inquiry within twenty (20) days from the date the [department] division mails the inquiry. An envelope's postmark shall determine the date of mailing. When the requested response is not produced by the person within twenty (20) days, this nonproduction shall be deemed a violation of this rule, unless the person can demonstrate that there is reasonable justification for that delay.

AUTHORITY: section[s] 354.190, 354.465, 354.485, 354.717, 354.723, 374.040, 374.110, 374.190, 375.938, 375.948, 375.1009 and 375.1018, RSMo 1994, 375.045 and 376.1375, Supp. 1997] 374.045, RSMo 2000. Original rule filed Oct. 1, 1996, effective June 30, 1997. Amended: Filed Nov. 3, 1997, effective June 30, 1998. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 100—[Division of Consumer Affairs] Insurer Conduct

Chapter 5—Health Care Consumer Procedures

PROPOSED AMENDMENT

20 CSR 100-5.010 Notice Requirements of an Adverse Determination. The director is amending section (3) and section (4) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule. This amendment also reflects the proper citation for the *Missouri Revised Statutes* and may correct any minor errors.

(3) The notice shall explain how an enrollee initiates a grievance review. If an enrollee is eligible for an expedited review pursuant to section 376.1389, RSMo [Supp. 1997], then the notice shall explain how an enrollee initiates an expedited review.

(4) The notice shall explain how an enrollee as defined in section 376.1350(14), RSMo initiates a grievance review of the adverse determination with the [Department of Insurance (DOI)] direc-

tor. The notice shall explain that an enrollee may file a grievance with [DOI] the director at any time. The notice shall also list the [DOI's] Consumer Affairs Division's toll-free telephone number.

AUTHORITY: sections 374.045, 376.1363.5 and 376.1399, [RSMo Supp. 1997] RSMo 2000. Original rule filed Nov. 3, 1997, effective June 30, 1998. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 100—[Division of Consumer Affairs] Insurer Conduct

Chapter 5—Health Care Consumer Procedures

PROPOSED AMENDMENT

20 CSR 100-5.020 Grievance Review Procedures. The director is amending sections (1)–(9) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule.

(1) As used in this rule, "division" means the Consumer Affairs Division.

[[1]](2) When a health carrier, as defined by section 376.1350(22), RSMo, or their designee utilization review organization issues an adverse determination, as defined by section 376.1350(1), RSMo, to an enrollee in a health plan that has a managed care component, the enrollee or his/her representative may file a grievance with the [Missouri Department of Insurance (DOI)] director without exhausting all remedies available under the carrier's grievance process. Medicaid [recipients] participants also may use [DOI's] the division's grievance process in an effort to resolve an adverse determination; however, the director may not have the authority to issue an order in such cases.

[[2]](3) A health carrier or plan sponsor also may file a grievance with [DOI] the director concerning an adverse determination.

[(3)](4) A grievance will be processed by [DOI] the division as any other consumer complaint. [DOI] The division will assign the grievance a file number. [DOI] The division will send an inquiry to the health carrier (or party) which is complained against requesting the health carrier (or party) to respond in writing with their position and all supporting documentation concerning the matter grieved. [DOI] The division will attempt to resolve the issue with the health carrier (or party).

[(4)](5) If the director determines a grievance is unresolved after completion of [DOI's] the division's consumer complaint process, [DOI] the director shall refer the unresolved grievance to an independent review organization (IRO). An unresolved grievance shall include a difference of opinion between a treating health care professional and the health carrier concerning the medical necessity, appropriateness, health care setting, level of care or effectiveness of a health care service.

[(5)](6) [DOI] The director will provide the IRO and upon request the enrollee, enrollee's representative or health carrier copies of all medical records and any other relevant documents which [DOI] the division has received from any party. The enrollee, enrollee's representative and health carrier may review all the information submitted to the IRO for consideration.

[(6)](7) The enrollee, enrollee's representative or health carrier may also submit additional information to [DOI] the division which [DOI] the division shall forward to the IRO. All additional information must be received by [DOI] the division. If an enrollee, enrollee's representative or health carrier has information which contradicts information already provided the IRO, they should provide it as additional information. All additional information should be received by [DOI] the division within fifteen (15) working days from the date [DOI] the division mailed that party copies of the information provided the IRO. An envelope's postmark shall determine the date of mailing. Information may be submitted to [DOI] the division by means other than mail if it is in writing, typeset or easily transferred into typeset by [DOI's] the division's technology and a date of transmission is easily determined by [DOI] the division. At [DOI's] the director's discretion, additional information which is received past the fifteen (15) working-day deadline may be submitted to the IRO.

[(7)](8) The IRO shall request from [DOI] the division any additional information it wants. [DOI] The division shall gather the requested information from an enrollee, enrollee's representative or health carrier or other appropriate entity and provide it to the IRO. If [DOI] the division is unable to obtain the requested information, the IRO shall base its opinion on the information already provided.

[(8)](9) Within twenty (20) calendar days of receiving all material, the IRO shall submit to [DOI] the director its opinion of the issues reviewed. If the IRO requires additional time to complete its review, it should request in writing from [DOI] the director an extension in the time to process the review. Such a request should include the reasons for the request and a specific time at which the review is expected to be complete.

[(9)] (10) After [DOI] the director receives the IRO's opinion, the director shall issue a decision which shall be binding upon the enrollee and the health carrier.

AUTHORITY: sections 374.045, 376.1387 and 376.1399, [RSMo Supp. 1997.] RSMo 2000. Original rule filed Nov. 3, 1997, effective June 30, 1998. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 100—[Division of Consumer Affairs]
Insurer Conduct
Chapter 6—Privacy of Consumer Information**

PROPOSED AMENDMENT

20 CSR 100-6.100 Privacy of Financial Information. The director is amending the division title and subsection (1)(D) of this rule.

PURPOSE: This amendment reflects the reorganization of the Department of Insurance into the Department of Insurance, Financial Institutions and Professional Registration. For purpose of brevity and uniformity, the name "Department of Insurance, Financial Institutions and Professional Registration" will be abridged to "the department" for use in this rule.

(1) Definitions. As used in this rule, unless the context requires otherwise:

(D) "Director" means the director of the [Missouri] Department of Insurance, **Financial Institutions and Professional Registration.**

AUTHORITY: sections 362.422, RSMo Supp. [2001] 2006 and 374.045, RSMo 2000. Emergency rule filed June 21, 2001, effective July 1, 2001, expired Dec. 28, 2001. Original rule filed Aug. 31, 2001, effective March 30, 2002. Amended: Filed Nov. 1, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment until 5:00 p.m. on January 24, 2008.

Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—Insurer Conduct
Chapter 7—Market Conduct Analysis**

PROPOSED RULE

20 CSR 100-7.010 Standards of Analysis

PURPOSE: This rule sets out the scope of the rules in this chapter and provides definitions to aid in the interpretation of the rules in this chapter.

(1) Factors Considered. The director shall monitor the market conduct of insurers and producers transacting business in Missouri by using uniform standards of analysis developed in consultation with members of the National Association of Insurance Commissioners (NAIC). Uniform state standards may be adopted by review and adoption of the *Market Analysis Handbook*, the *Market Regulation Handbook*, or other guides adopted by the director.

AUTHORITY: section 374.045, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—Insurer Conduct
Chapter 8—Market Conduct Examination**

PROPOSED RULE

20 CSR 100-8.010 Standards of Examination

PURPOSE: This rule sets out the scope of the rules in this chapter and provides definitions to aid in the interpretation of the rules in this chapter.

(1) Examination Protocol. The director shall monitor the market conduct of insurers and producers transacting business in Missouri by using uniform standards of examination developed in consultation with members of the National Association of Insurance Commissioners (NAIC). Uniform state standards may be adopted by review and adoption of the *Market Conduct Examiners Handbook*, the *Market Regulation Handbook*, or other guides adopted by the director.

AUTHORITY: section 374.045, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2007 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 100—Insurer Conduct
Chapter 8—Market Conduct Examination**

PROPOSED RULE

20 CSR 100-8.020 Sampling and Error Rates

PURPOSE: This rule effectuates and aids in the interpretation of sections 375.1007, 375.445 and 375.936(6), RSMo regarding detection of frequency to indicate a business practice under the Unfair Claims Settlement Practices Act or conducting business fraudulently, not in good faith or in a manner constituting misrepresentations or false advertising.

(1) Unfair Claims Settlement Rates.

(A) As used in section (1), the terms and phrases mean as follows:

1. "Time error rate," any one (1) of the following:

A. Acknowledgment time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(2), RSMo or violated 20 CSR 100-1.030;

B. Investigation time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(3), RSMo or violated 20 CSR 200-1.040; and

C. Determination time error rate, the percentage of claims in which the insurer has performed an act described in section 375.1007(7), RSMo or violated 20 CSR 200-1.050(1)(A).

2. "Unfair settlement rate," the percentage of claims in which the insurer has performed an act described in section 375.1007(1), (5), (6), (8), (15), RSMo or violated 20 CSR 200-1.020 and 20 CSR 200-1.050(1)(B) or 20 CSR 200-1.050(2).

(B) The time error rates and unfair settlement rate will be important in determining whether the insurer has engaged in an unfair settlement practice as that phrase is used in section 375.1007, RSMo; however, other relevant factors will be considered in making the determinations. No attempt is made in this regulation to list other relevant factors because these factors depend on the facts of each case and no exhaustive or comprehensive list of other factors can be made.

(C) The time error rates and unfair settlement rate may be established by census or by an appropriate random sample. Whether a random sample was appropriate will be determined on a case-by-case basis.

(2) Unfair, Fraudulent or Bad Faith Conduct in Claims Settlement.

(A) As used in section (2), the terms and phrases mean as follows:

1. "Insurance law," any statutory provision in Chapters 354 or 374 through 385, RSMo or any regulation promulgated thereunder;

2. "Claims error rate," the percentage of claims in which the insurer violated any insurance law, except section 375.1007, RSMo or 20 CSR 100-1.010, 20 CSR 100-1.020, 20 CSR 100-1.030, 20 CSR 100-1.040, 20 CSR 100-1.050, 20 CSR 100-1.100, section (1) of this rule and 20 CSR 300-2.100 or accepted or denied claims other than in accordance with the terms of an applicable policy, contract, certificate, endorsement or rider except where that acceptance or denial has already been included in the claims error rate as a violation of an insurance law;

3. "Cancelled, Non-Renewed, Declined (CND) error rate," the percentage of cancelled and non-renewed policies and declined policy applications in which the insurer cancelled, non-renewed or declined in violation of any insurance law or the terms of the insurer's policy, contract, certificate, endorsement or rider, or underwriting manuals or guidelines on file with the director;

4. "Post-claims underwriting index," in life or accident or health insurance, means the ratio which the contestable policies or certificates which are rescinded by an insurer after a claim has been made or in which a claim has been resisted on the grounds of misrepresentation as divided by the total contestable policies or certificates on which claims have been made bears to the applications for insurance declined or rejected by the insurer as divided by the total applications for insurance;

5. "Quotation error rate," the percentage of personal lines property and casualty policies, contracts, certificates, endorsements or riders in which the premium quoted by the agent of the insurer is more than five dollars (\$5) different than the premium actually charged by the insurer, excluding policies, contracts, certificates, endorsements or riders in which the information relied on by the agent is substantially different than the information relied on by the insurer; and

6. "Rating error rate," the percentage of policies, contracts, certificates, endorsements or riders in which the premium actually charged the insured is more than five dollars (\$5) different than the premium which should have been charged had the insurer calculated the premium in accordance with its policies, contracts, certificates, endorsements, riders and rating manuals or schedules on file with the director.

(B) The rates and index set forth in this regulation will be important in determining whether a violation of section 375.445, RSMo has occurred and the quotation error rate may also be considered in determining whether misrepresentations and false advertising of insurance policies within the meaning of section 375.936(6), RSMo has occurred. However, other relevant factors will be considered in

making these determinations. No attempt is made in this regulation to list other relevant factors because other factors depend on the facts of each case and no exhaustive or comprehensive list of other relevant factors can be made.

(C) The rates or index may be established by census or by an appropriate random sample. Whether a random sample was appropriate will be determined on a case-by-case basis.

AUTHORITY: sections 374.045, 375.948 and 375.1018, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 100—Insurer Conduct Chapter 8—Market Conduct Examination

PROPOSED RULE

20 CSR 100-8.040 Insurer Record Retention

PURPOSE: This rule describes the requirements for record keeping for insurers and related entities doing business in this state. This regulation was adopted pursuant to the provisions of section 374.045, RSMo and to implement sections 287.350, 354.190, 354.465, 374.190, 374.210, 375.158, 379.343 and 379.475, RSMo and 144.027, 354.149, 354.717, 375.022, 375.150, 375.151, 375.926, 375.932, 375.938, 375.1002 and 375.1009, RSMo.

(1) As used in this rule, the terms and phrases mean as follows:

(A) "Application," any written or electronic application form, any enrollment form, any document used to add coverage under any existing policy, any questionnaire, telephone interview form, paramedical interview form, or any other document used to question or underwrite an applicant for any policy issued by an insurer or for any decline of coverage by an insurer. "Application" does not include documents, questionnaires or notes generated in response to a request for a premium quote which did not result in an application for coverage;

(B) "Business entity," as that term is defined in section 375.012.1(1), RSMo;

(C) "Claim," as that term is defined in section 20 CSR 100-1.010(1)(B);

(D) "Examiner," a market conduct examiner authorized by the director to conduct an examination pursuant to section 374.202.2(4), RSMo;

(E) "Inquiry," a specific question, criticism or request made in writing to an insurer by a market conduct examiner duly appointed by the director;

(F) "Insurer," as that term is defined in section 375.932 or 375.1002, RSMo; and

(G) "Policy," as that term is defined in section 375.932(5), RSMo. The term "policy" shall also include any evidence of coverage issued by a health maintenance organization to an enrollee.

(2) Records Required. Every insurer transacting business in this state shall maintain its books, records, documents and other business records in a manner so that the following practices of the insurer may be readily ascertained during market conduct examinations: claims handling and payment, complaint handling, termination, rating, underwriting and marketing.

(3) Records to be Maintained. The following records shall be maintained:

(A) A Missouri policy record file shall be maintained for each Missouri policy issued, and shall be maintained for the duration of the current policy term plus two (2) calendar years. Missouri policy records shall be maintained so as to show clearly the policy period, basis for rating and any imposition of additional exclusions from or exceptions to coverage. Missouri policy records need not be segregated from the policy records of other states so long as they are readily available to Missouri market conduct examiners as required under this rule. Missouri policy records shall include the following:

1. The actual, completed application for each contract.

A. The application shall bear the signature of the applicant whenever the insurer intends to retain any right to contest any warranty, representation or condition contained in the application.

B. The application shall bear a clearly legible means by which an examiner can identify any insurance producer involved in the transaction. The examiners shall be provided with any information needed to determine the identity of said insurance producer;

2. Any declaration pages (the initial page and any subsequent pages), the insurance contract, any certificates evidencing coverage under a group contract, any endorsements or riders associated with a policy, and any written or electronic correspondence to or from the insured pertaining to the coverage. If any of these records has already been filed with the department, a separate copy of the record need not be maintained in the individual policy files to which the record pertains, provided it is clear from the insurer's other records or systems that the record applies to a particular policy and that any data contained in the record relating to that policy can be retrieved or recreated;

3. Any binder with terms and conditions that differ from the terms and conditions of the policy subsequently issued; and

4. Any guidelines, manuals or other information necessary for the reconstruction of the rating and underwriting of the policy. The maintenance at the site of a market conduct examination of a single copy of each of the above shall satisfy this requirement. If any such rating or underwriting record is computer based, the records used to input the information into the computer system shall also be available to the examiners;

(B) A Missouri claim file shall be maintained for the calendar year in which the claim is closed plus three (3) years. The claim file shall be maintained so as to show clearly the inception, handling, and disposition of each claim. The claim file(s) shall be sufficiently clear and specific so that pertinent events and dates of these events can be reconstructed. A Missouri claim file(s) shall include the following:

1. Any notification of claim, proof of loss, claim form(s), proof of claim payment check/draft, notes, contract, declaration pages, certificates evidencing coverage under a group contract, endorsements or riders, work papers, any written communication, and any docu-

mented or recorded telephone communication related to the handling of a claim, including the investigation, payment and/or denial of the claim, and any claim manual(s) or other information necessary for reviewing the claim. Where a particular document pertains to more than one (1) file, insurers may satisfy the requirements of this paragraph by making available, at the site of a market conduct examination, a single copy of each document;

2. Documents in a claim file received from an insured, the insured's insurance producer, a claimant, the department or any other insurer shall bear the initial date of receipt date-stamped by the insurer in a legible form in ink or some other permanent manner. Unless the company provides the examiners with written procedures to the contrary, the earliest date stamped on a document will be considered the initial date of receipt;

3. In cases of a total loss on property claims for a motor vehicle, trailer, boat or outboard motor, the claim file shall contain a copy of the certification described in section 144.027, RSMo attesting to the amount of the insurance proceeds and any deductible obligation paid by the claimant regarding the loss. The certification shall contain a statement informing the claimant that the sales tax credit is valid for only one hundred eighty (180) days; and

4. If an insurer, as its regular business practice, places the responsibility for handling certain types of claims upon company personnel other than its claims personnel, the insurer need not duplicate its files for maintenance by claims personnel. These claims records must be maintained as part of the records of the insurer's operations and must be readily available to examiners. Notwithstanding the definition of "claim" at subsection 20 CSR 100-1.010(1)(B), the time requirements for the retention of records for policy files stated at section 374.205.2(2), RSMo, apply to claims handled by the company's personnel who typically handle policy files;

(C) Records to be maintained relating to the insurer's compliance with Missouri's licensing requirements shall include the Missouri licensing records of each insurance producer associated with the insurer. Licensing records shall be maintained so as to show clearly the dates of the appointment and terminations of each insurance producer. In accordance with the provisions of section 375.158, RSMo, copies of the current licenses of each insurance producer to whom a commission will be paid shall be on file with the insurer prior to the payment of this commission. The date of the receipt by the insurer of the copy of the license shall be indicated by a date-stamp placed on the license. Unless the company provides the examiners with written procedures to the contrary, the earliest date stamped on a document will be considered the initial date of receipt;

(D) The Missouri complaint records required to be maintained under section 375.936(3), RSMo shall include a complaint log or register in addition to the actual written complaints. The complaint log or register shall show clearly the total number of complaints for a period of not less than the immediately preceding three (3) years, the classification of each complaint by line of insurance, the nature of each complaint, and the disposition of each complaint. The complaint log or register shall also contain a reference to the location of the file to which each complaint corresponds. If the insurer maintains the file in a computer format, the reference in the complaint log or register for locating such documentation shall be an identifier such as the policy number or other code. Such codes shall be provided to the examiners at the time of an examination;

(E) The insurer shall retain declined underwriting files for a period of three (3) years from the date of declination. The term "declined underwriting file" shall mean all written or electronic records concerning a policy for which an application for insurance coverage has been completed and submitted to the insurer or its insurance producer but the insurer has made a determination not to issue a policy or not to add additional coverage when requested. A declined underwriting file shall include an application, any documentation substantiating the decision to decline an issuance of a policy, any

binder issued without the insurer issuing a policy, any documentation substantiating the decision not to add additional coverage when requested and, if required by law, any declination notification. Notes regarding requests for quotations which do not result in a completed application for coverage need not be maintained for purposes of this regulation; and

(F) The insurer shall retain claim files for a period of three (3) years from the date of the claim determination. These files shall contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of these events can be reconstructed. Documentary material which is pertinent to the investigation and/or denial of a claim shall be legibly date stamped with the date of receipt whether it is from an insured, his/her agent, a claimant, the department or any other insurer.

(4) Form of Record.

(A) Any record required to be maintained by an insurer, may be in the form of paper; photograph; computer; magnetic, mechanical or electronic medium; or any process which accurately forms a durable reproduction of the record, so long as the record is capable of duplication to a hard copy that is as legible as the original document. Documents that require the signature(s) of the insured and/or insurer's insurance producer, shall be maintained in any format as listed above provided evidence of the signature(s) is preserved in that format.

(B) The maintenance of records in a computer-based format shall be archival in nature only, so as to preclude, to the extent reasonable, the alteration of the record after the initial transfer to a computer format. Upon request of an examiner all records shall be capable of duplication to a hard copy that is as legible as the original document. Such records shall be maintained according to written procedures developed and adhered to by the insurer. Said written procedures shall be made available to the department's market conduct examiners in accordance with section (6) below.

(C) Photographs, microfilms or other image-processing reproductions of records shall be equivalent to the originals and may be certified as the same in actions or proceedings before the department unless inconsistent with 20 CSR 800-1.100.

(5) Location of Files. All records required to be maintained under this rule shall be kept in a location which will allow the records to be produced for examination within the time period required under section (6) of this rule. When, under normal circumstances, someone other than the insurer maintains a required record or type of record, the other person's or entity's responsibility to maintain the records shall be set forth in a written agreement, a copy of which shall be maintained by the insurer and shall be available to the examiners for purposes of examination.

(6) Time Limits to Provide Records and to Respond to Examiners.

(A) An insurer shall provide any record requested by any examiner within ten (10) calendar days. When the requested record is not or cannot be produced by the insurer within ten (10) calendar days, this nonproduction shall be deemed a violation of this rule, unless the insurer can demonstrate to the satisfaction of the director that the requested record cannot reasonably be provided within ten (10) calendar days of the request.

(B) As a means to facilitate the examination and to aid in the examination in accordance with section 374.205.2(2), RSMo, an insurer shall provide a written response to any inquiry submitted by any examiner within ten (10) calendar days. When the requested information is not provided by the insurer within ten (10) calendar days, a violation shall be deemed to have occurred, unless the insurer can demonstrate to the satisfaction of the director that the requested response cannot reasonably be provided within ten (10) calendar days of the inquiry.

(7) Examination Work Papers. Records required to be provided during a market conduct examination shall be returned to the insurer following the examination, unless such records relate to an inquiry made by a department examiner. Records related to an inquiry shall become a part of the work papers of the examination. Regulation 20 CSR 10-2.400 shall govern the public access to the work papers of the examination.

AUTHORITY: sections 374.045 and 375.948, RSMo 2000. Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 200—Insurance Solvency and Company
Regulation**

Chapter 19—Discount Medical Plans

PROPOSED RULE

20 CSR 200-19.020 Scope and Definitions

PURPOSE: This rule sets out the scope of the rules in this chapter and provides definitions to aid in the interpretation of the rules in this chapter.

(1) Applicability of Rules. The rules in this chapter apply to discount medical plan organizations transacting business under sections 376.1500 to 376.1532, RSMo. The rules shall be read together with Chapter 536, RSMo.

(2) Definitions.

(A) "Director," the director of the department;

(B) "Department," the Department of Insurance, Financial Institutions and Professional Registration.

AUTHORITY: sections 374.045, RSMo 2000 and 376.1528, SB 66, Ninety-fourth General Assembly, First Regular Session, (2007). Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 15, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 15, 2008. Written statements shall be sent to Mary Erickson, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 200—Insurance Solvency and Company
Regulation
Chapter 19—Discount Medical Plans**

PROPOSED RULE

20 CSR 200-19.050 Registration

PURPOSE: This rule implements the registration of all discount medical plan organizations doing business in this state.

(1) Registration Forms. The following form has been adopted and approved for filing with the department:

(A) The Discount Medical Plan Organization Registration form (Form DM-1), or any form which substantially comports with the specified form.

(2) Application and Fees.

(A) Initial Registration. Each “discount medical plan organization,” as that term is used in sections 376.1500 to 376.1532, RSMo, shall register with the director by:

1. Completing and filing a Form DM-1 in accordance with the instructions contained therein;

2. Payment of two hundred fifty dollar (\$250) registration fee; and

3. Demonstration of compliance with net worth requirement under rule 20 CSR 200-19.060.

(B) Renewal Registration. Each discount medical plan organization shall renew its registration between thirty (30) days prior to and the anniversary date of its initial registration by:

1. Submitting any amendments to the Form DM-1;

2. Payment of two hundred fifty dollar (\$250) annual registration fee; and

3. Demonstration of compliance with net worth requirement under rule 20 CSR 200-19.060.

(4) Copies of the Form DM-1 may be obtained from the director at the department’s office in Jefferson City, Missouri, on the department’s web site, www.insurance.mo.gov or by mailing a written request to the department at Attention: Admissions Specialist, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

AUTHORITY: sections 374.045, RSMo 2000 and 376.1504 and 376.1528, SB 66, Ninety-fourth General Assembly, First Regular Session, (2007). Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities six thousand two hundred fifty dollars (\$6,250) annually.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 15, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 15, 2008. Written statements shall be sent to Mary Erickson, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**FISCAL NOTE
PRIVATE COST**

I. RULE NUMBER

Rule Number and Name:	20 CSR 200-19.050 Registration of Discount Medical Plan Organizations
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
25	Estimated number of discount medical plan organizations that will register	\$6,250 annually

III. WORKSHEET

Estimated number of organizations issuing discount medical plans is 25. The annual registration fee for each administrator is \$250 times the number of organizations registering. \$250 times 25 equals \$6,250.

IV. ASSUMPTIONS

The proposed rule does not have a sunset clause. Accordingly, the fiscal impact of the proposed rule cannot be estimated on an aggregate basis. An estimate of the annual fiscal impact is provided instead.

The proposed rule will directly affect only persons or entities seeking to register as a discount medical plan organization.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 200—Insurance Solvency and Company
Regulation
Chapter 19—Discount Medical Plans**

PROPOSED RULE

20 CSR 200-19.060 Net Worth Requirements

PURPOSE: This rule implements the requirement that discount medical plan organizations maintain a certain net worth.

(1) Requirement. Each discount medical plan organization shall maintain a net worth of no less than one hundred fifty thousand dollars (\$150,000), as required by section 376.1518, RSMo. Net worth shall be determined according to generally accepted accounting principles (GAAP).

(2) Review. The net worth requirement is ongoing and subject to review by the director through examination. Each discount medical plan organization is required to demonstrate it meets the requirement at registration and at annual renewal.

(A) Registration. Each discount medical plan organization is required at the time of registration to demonstrate that it meets the net worth requirement according to GAAP by one (1) of the following means:

1. A report of an audit by an independent certified public accountant (CPA). Such report must include:

A. Either:

(I) The statement of profit or loss, balance sheet, and statement of cash flows of the discount medical plan organization as of a date not more than twelve (12) months prior to the date of such organization's registration; or

(II) The consolidated statement of profit or loss, balance sheet, and statement of cash flows of the discount medical plan organization and entities affiliated with the discount medical plan as of a date not more than twelve (12) months prior to the date of such organization's registration, as well as the consolidating worksheets that specifically show the account entries of the discount medical plan itself and which reconcile to such consolidated statement of profit or loss, balance sheet, and statement of cash flows; and

B. A statement by the independent CPA that recognizes without qualification the right of the director to rely on such report; or

2. A report of examination conducted by the director pursuant to sections 374.202 to 374.207 and 376.1506, RSMo, except that such examination will be conducted on the basis of GAAP, will review and opine on the discount medical organization's statement of profit or loss, balance sheet, and statement of cash flows as of a date not more than twelve (12) months prior to the date of such organization's registration.

(B) Renewal of Registration. Each discount medical plan organization is required at the time of renewal to demonstrate that it meets the net worth requirement according to GAAP by filing a statement sworn to or affirmed by two (2) or more officers of such organization, which statement consists of the statement of profit or loss, balance sheet, and statement of cash flows of the discount medical organization as of a date not more than twelve (12) months prior to the date of such organization's renewal of registration.

(C) Five (5)-Year Report. At least once every five (5) years, each discount medical plan organization shall file with the director at the time of renewal, a report of an audit by an independent CPA or a director's examination as provided in subsection (2)(A).

AUTHORITY: sections 374.045 and 374.202 to 374.207, RSMo 2000 and 376.1506 and 376.1528, SB 66, Ninety-fourth General

Assembly, First Regular Session, (2007). Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities an estimated five thousand dollars (\$5,000) annually.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 15, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 15, 2008. Written statements shall be sent to Mary Erickson, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**FISCAL NOTE
PRIVATE COST**

I. RULE NUMBER

Rule Number and Name:	20 CSR 200-19.060 Net Worth of a Discount Medical Plan Organization
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
25	Estimated number of discount medical plan organizations that will register	\$5,000 annually

III. WORKSHEET

Estimated number of organizations issuing discount medical plans is twenty-five (25). The rule in practical application will require each such organization to have an audit once every five years. The cost of such an audit has been estimated at \$1,000. Dividing the estimated number of discount medical plans by the number of years between audits yields five organizations having an audit each year. Five organizations each bearing an audit cost of \$1,000 produces an annual aggregate cost on private entities of \$5,000. If the discount medical plan organization is a subsidiary, the consolidated audit and the consolidating worksheets may be submitted. Such may reduce the direct cost to the discount medical plan organization for a separate audit.

IV. ASSUMPTIONS

The proposed rule does not have a sunset clause. Accordingly, the fiscal impact of the proposed rule cannot be estimated on an aggregate basis. An estimate of the annual fiscal impact is provided instead.

The proposed rule will directly affect only persons or entities registering as a discount medical plan organization.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 400—Life, Annuities, and Health
Chapter 2—Accident and Health Insurance in General**

PROPOSED RULE

20 CSR 400-2.065 Actual Payment as Basis for Policy or Plan Calculations

PURPOSE: This rule effectuates or aids in the interpretation of the following sections: 354.085 and 354.430(1), RSMo relating to certain policy forms that contain provisions which are deceptive, ambiguous, misleading, unfair, unjust, or inequitable; 354.350 and 375.445, RSMo regarding the carrying out of contracts in good faith; 354.410.1(2) and 354.430.3(2), RSMo pertaining to reasonable requirements for copayments; 354.085, 376.405 and 376.777, RSMo regarding whether policy forms contain such words, phraseology, conditions and provisions which are specific, certain and reasonably adequate to meet the needed requirements for the protection of those insured; and 354.410.1(9), RSMo relating to operating contrary to the public interest.

(1) Definitions. As used in this rule—

(A) “Actual payment,” the real total dollar amount actually paid or to be paid in fact, by a health insurer, or by the health insurer and the insured when the insured is responsible for some part of the cost, to a health services provider for a health service(s) pursuant to a health plan. Annual adjustments in amounts paid to providers which are based on referral rates, quality or cost effectiveness measurements, or other similar contractual provisions may be excluded from the calculation of actual payments, at the option of the health insurer.

(B) “Expense participation,” a financial contribution that the insured is required by the health plan to pay for a health service(s). “Expense participation” includes, but is not limited to, these forms of expense participation: deductibles, copayments, coinsurance, and additional charges by the health insurer that are caused by a failure to follow the utilization management or other requirements of the health plan;

(C) “Health insurer,” any person, fraternal benefit society, and any other legal entity engaged in the business of insurance, including producers, adjusters, public adjusters and third-party administrators. “Health insurer” shall also mean health services corporations, health maintenance corporations, prepaid limited health care service plans, optometric and other similar health service plans, preferred provider plans, managed care plans, point-of-service plans, and multiple employer self-insured health plans. For the purpose of this rule, these foregoing entities are deemed to be engaged in the business of insurance. “Health insurer” shall also include all companies organized, incorporated or doing business under the provisions of Chapters 374, 375, 376, 378, 379, RSMo; provided that only persons or entities which offer, issue, manage or administer a health plan shall be deemed to be a “health insurer;”

(D) “Health plan,” any insurance contract, policy or certificate, or any contract, plan or arrangement, which provides for the payment of a health service provider’s charges for health services provided to insured. “Health plan” does not include any policy of workers compensation insurance or the medical payments portion of any automobile, homeowners or other property and casualty insurance policy;

(E) “Health services,” any service or product for which provision for benefits has been made under a health plan, including but not limited to, the health care and services provided by hospitals, or other health care institutions, organizations, associations or groups, and by doctors of medicine, osteopathy, chiropractic, psychiatry, optometry, and podiatry, and shall also include nursing services, pre-

ventative health care services, health screening, prenatal care, medical appliances, equipment and supplies, drugs, medicines, ambulance services, mental health services, supplemental services, and other therapeutic services and supplies, and laboratory analysis, physical examinations, the rendering of assistance to physicians, and services for drugs and alcohol abuse, physiotherapy, anesthesiology, and anesthesia;

(F) “Health services provider,” any person or entity providing health services;

(G) “Insured,” any individual covered by a health plan; and

(H) “Person,” any natural or artificial entity, or aggregate of such entities, including, but not limited to, individuals, partnerships, associations, trusts or corporations.

(2) Expense Participation. Under any health plan which provides for expense participation, whether in the form of coinsurance, copayments, a deductible or otherwise, such that the expense participation is to be computed as a percentage of, or as a function of the health service provider’s charge(s) for a health service(s), the charge used in such computation shall always and solely be no greater than the actual payment(s) made to the health service provider.

(3) Benefit Caps. Under any health plan which establishes benefit maximums or caps, such benefit maximums or caps shall always and solely be determined using a basis that is no greater than the actual payment(s) made to the health service provider.

(4) No Limitation. Nothing in this rule limits a health insurer’s right to pay some or all of an insured’s expense participation share of any charge for health services, or to exceed an insured’s benefit maximum or cap.

(5) Insurer-Provider Contract. This rule addresses the basis for calculating expense participation and benefit maximums or caps, and in no way affects the relationship or negotiations between health insurers and health services providers.

AUTHORITY: sections 354.120, 374.045 and 376.405, RSMo 2000, 354.085, RSMo Supp. 2006 and 354.485, RSMo (SB 66, 94th General Assembly, First Regular Session (2007)). Original rule filed Nov. 1, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10:00 a.m. on January 24, 2008 at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule until 5:00 p.m. on January 24, 2008. Written statements shall be sent to Tamara Kopp, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 5—General Rules

PROPOSED RULE

20 CSR 2150-5.025 Administration of Influenza Vaccines Per Protocol

PURPOSE: This rule establishes the procedures for pharmacists to administer viral influenza vaccinations per written protocol with a physician.

(1) A pharmacist may administer viral influenza vaccinations:
(A) To persons twelve (12) years of age or older; and
(B) Pursuant to a written protocol authorized by a physician licensed pursuant to Chapter 334, RSMo, who is actively engaged in the practice of medicine in the state of Missouri.

(2) A pharmacist may not delegate the administration of viral influenza vaccinations to another person.

(3) The authorizing physician is responsible for the oversight of, and accepts responsibility for, the viral influenza vaccinations administered by the pharmacist.

(4) Pharmacist Qualifications—A pharmacist who is administering viral influenza vaccinations must:

(A) Hold a current, unrestricted license to practice pharmacy in this state;

(B) Hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(C) Successfully complete a certificate program in the administration of viral influenza vaccinations accredited by the Centers for Disease Control, the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the board;

(D) Maintain documentation of the above certifications;

(E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education per year related to administration of viral influenza vaccinations. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;

(F) Provide documentation of (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering viral influenza vaccinations; and

(G) On a yearly basis prior to administering viral influenza vaccinations, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of (A), (B), (C), (E), and (F) of this section.

(5) General Requirements.

(A) A pharmacist shall administer viral influenza vaccinations in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC) and in accordance with manufacturer's guidelines.

(B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(6) Administration by Written Protocol with a Missouri Licensed Physician.

(A) A pharmacist may enter into a written protocol with a physician practicing no further than fifty (50) miles by road for the administration of viral influenza vaccinations to patients twelve (12) years of age or older. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:

1. The identity of the participating pharmacist and physician, including signatures;

2. Time period of the protocol;

3. The identification of the viral influenza vaccination which may be administered;

4. The identity of the patient or groups of patients to receive the authorized viral influenza vaccination;

5. The identity of the authorized routes and sites of administration allowed;

6. A provision to create a prescription for each administration under the authorizing physician's name;

7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;

9. A provision establishing the disposal of used and contaminated supplies;

10. The identity of the location at which the pharmacist may administer the authorized viral influenza vaccination;

11. Record keeping requirements and procedures for notification of administration; and

12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.

(7) Record Keeping.

(A) A pharmacist who administers a viral influenza vaccination shall maintain the following records regarding each administration. These records must be separate from the prescription files of a pharmacy and include:

1. The name, address, and date of birth of the patient;

2. The date, route, and site of the administration;

3. The name, dose, manufacturer, lot number, and expiration date of the vaccination;

4. The name and address of the patient's primary health care provider, as identified by the patient;

5. The name or identifiable initials of the administering pharmacist; and

6. The nature of an adverse reaction and who was notified, if applicable.

(B) All administrations of viral influenza vaccinations must have a prescription as authorized by protocol on file within seventy-two (72) hours after administration at a pharmacy documenting the dispensing of the drug.

(C) All records required by this regulation shall be kept by the pharmacist and be available for two (2) years from the date of such record, for inspecting and copying by the authorizing physician, the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

(8) Notification Requirement.

(A) A pharmacist administering viral influenza vaccinations shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;

2. The identity of the viral influenza vaccination administered;

3. The route of administration;

4. The site of the administration;
5. The dose administered; and
6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering viral influenza vaccinations shall report the administration to all entities as required by state or federal law.

AUTHORITY: sections 334.125 and 338.010, RSMo as amended by SB 109 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expires April 30, 2008. Original rule filed Oct. 24, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing comments to (573) 751-3166, or by emailing comments to healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 7—Licensing of Physician Assistants**

PROPOSED AMENDMENT

20 CSR 2150-7.135 Physician Assistant Supervision Agreements. The board is proposing to amend subsection (1)(A), delete section (3), add new sections (3), (4) and (5), delete section (7), renumber the remaining sections accordingly and amend the new sections (6), (10), (11), and (12).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, references to 4 CSR 2250 are being amended throughout the rule. This amendment also defines a Health Professional Shortage Area and clarifies some parts of the rule.

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) Supervising physician—shall mean a physician so designated pursuant to [4 CSR 150-7.100(4)] **20 CSR 2150-7.100(4)** who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license

pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine. A physician meeting these requirements but not so designated may serve as a supervising physician, upon signing a physician assistant supervision agreement for times not to exceed fifteen (15) days, when the supervising physician is unavailable if so specified in the physician assistant supervision agreement;

[(3) A supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times be immediately available to the licensed physician assistant for consultation, assistance, and intervention within the same office facility unless making follow-up patient examinations in hospitals, nursing homes and correctional facilities pursuant to section 334.735.1(8), RSMo or unless practicing under federal law. No physician assistant shall practice without physician supervision or in any location where a supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, pursuant to federal law, or as provided in section 334.735.9, RSMo.]

(3) Except in an emergency situation a supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times during patient care be readily available to the licensed physician assistant in person or via telecommunication.

(4) Unless the physician-physician assistant team has received a waiver pursuant to 20 CSR 2150-7.136, the supervising physician as designated pursuant to 20 CSR 2150-7.100(4) must be on-site sixty-six percent (66%) of the time that the physician assistant is practicing. This sixty-six percent (66%) on-site supervision must be provided each calendar month.

(5) The on-site supervision required in 20 CSR 2150-7.135(4) shall not apply when a physician assistant is making follow-up patient examinations in hospitals, patient homes, nursing homes and correctional facilities without a supervising physician's presence.

*[(4)](6) A physician assistant shall be limited to [making follow-up patient examinations in hospitals, nursing homes and correctional facilities] practicing at locations where the supervising physician as designated pursuant to [4 CSR 150-7.100(4)] **20 CSR 2150-7.100(4)** or otherwise in the physician assistant supervision agreement, is no further than thirty (30) miles by road, using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention, supervision of patient care or adequate review of services, unless the supervising physician-physician assistant team receives a waiver pursuant to 20 CSR 2150-7.136. Physician assistants [practicing in federally designated health professional shortage areas (HPSAs), shall be limited to practice locations where the supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further] whose teams receive such waivers must practice no farther than fifty (50) miles by road, using the most direct route available from the supervising physician.*

[(5)](7) No physician may be designated to serve as supervising physician for more than three (3) full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant supervision agreements of hospital employees providing in-patient care services in hospitals as defined in Chapter 197, RSMo.

[(6)](8) Upon entering into a physician assistant supervision agreement, the supervising physician shall be familiar with the level of

skill, training and the competence of the licensed physician assistant whom the physician will be supervising. The provisions contained in the physician assistant supervision agreement between the licensed physician assistant and the supervising physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant's skill, training and competence.

[(7) A licensed physician assistant practicing pursuant to a physician assistant supervision agreement shall work in the same office facility as the supervising physician except as provided in section 334.735.1(8), RSMo and 4 CSR 150-7.135(3) and (4).]

[(8)](9) The delegated health care services provided for in the physician assistant supervision agreement shall be consistent with the scopes of practice of both the supervising physician and licensed physician assistant including, but not limited to, any restrictions placed upon the supervising physician's practice or license.

[(9)](10) The physician assistant supervision agreement between a supervising physician and a licensed physician assistant shall—

(A) Include consultation, transportation and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices in a setting where a supervising physician is not continuously present;

(B) Include the method and frequency of review of the licensed physician assistant's practice activities;

(C) Be reviewed at least annually and revised as the supervising physician and licensed physician assistant deem necessary;

(D) Be maintained by the supervising physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement;

(E) Be signed and dated by the supervising physician, **alternate supervising physician(s)** and licensed physician assistant prior to its implementation; and

(F) Contain the mechanisms for input for serious or significant changes to a patient.

[(10)](11) It is the responsibility of the supervising physician to determine and document the completion of *[at least]* a one (1)-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before *[making follow-up visits in hospitals, nursing homes and correctional facilities.]* **practicing in a setting where a supervising physician is not continuously present. A one (1)-month period shall consist of a minimum of one hundred twenty (120) hours in a consecutive thirty (30)-day period.**

[(11)](12) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. For nursing home practice, such review shall occur at least once a month. *[The supervising physician and the licensed physician assistant shall conduct this review at the site of service except in extraordinary circumstances which shall be documented.]* The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

[(12)](13) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo [2000] as amended by House Bill 497 (2007). This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 19, 2007, effective Oct. 29, 2007, expires April 25, 2008. Amended: Filed Oct. 19, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing comments to (573) 751-3166, or by emailing comments to healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 7—Licensing of Physician Assistants**

PROPOSED RULE

20 CSR 2150-7.136 Request for Waiver

PURPOSE: This rule establishes procedures for individual physician-physician assistant teams to apply for alternate minimum amounts of on-site supervision and maximum distance between the supervising physician and physician assistant.

(1) A physician-physician assistant team may make application upon forms obtained from the board for a waiver from the minimum on-site supervision and maximum distance requirements specified in section 334.735.1(8), RSMo. No application will be considered unless fully and completely made out on the specified form and properly attested to by both members of the physician-physician assistant team.

(2) Applications must state:

(A) The names, license numbers and telephone numbers of the physician assistant and the supervising physician(s) who make up the physician-physician assistant team;

(B) The specialty of physician assistant and supervising physician(s) who make up the physician-physician assistant team;

(C) The location(s) where the physician assistants will practice and the location(s) of the supervising physician when the physician assistants will be practicing;

(D) How the community or communities served by the supervising physician-physician assistant team would experience reduced access to health care services in the absence of a waiver;

(E) If the practice location is a health professional shortage area;

(F) Whether the clinic is designated as a Federally Qualified Health Center or Rural Health Clinic; and

(G) The amount and type of supervision that will be provided to the physician assistant.

(3) Applications for a waiver will be first considered by the advisory commission for physician assistants. The advisory commission

will make a recommendation to the board and will receive the board's advice and consent before approval or denial of an application.

(4) When the advisory commission receives a waiver application, it will publish notice of the application on the board's website and invite public comments. The advisory commission will consider any comments received from members of the public up to fifteen (15) days from the notice in determining whether to recommend approval or denial of the application.

(5) The advisory commission and the board will determine whether an individual physician-physician assistant team meets the criteria for a waiver outlined in section 334.735.2, RSMo using the information provided in the waiver application and the best information available to the board on the availability of health care services in the community or communities served by the physician-physician assistant team. The advisory commission and the board will utilize the most recently available information from the United States Department of Health and Human Services, Health Resources and Services Administration on the extent of health professional shortage areas.

(6) If the advisory commission and the board approve a waiver, the advisory commission and board may establish an alternate minimum amount of time the supervising physician must be on-site while the physician assistant practices. The physician must be on-site a minimum of once every two (2) weeks. The advisory commission and board may also establish an alternate maximum distance between the supervising physician and physician assistant. The alternate maximum distance may not exceed fifty (50) miles.

(7) Once the advisory commission and the board approve a waiver for a physician-physician assistant team, the waiver will remain in effect for one (1) year from the date of issuance.

(8) The physician-physician assistant team will notify the advisory commission and board of any changes to the waiver application data within fifteen (15) days of the change.

(9) If a member of the physician-physician assistant team changes or if any of the eligibility requirements as stated in section 334.735.2, RSMo change, then the physician-physician assistant team must request a new waiver.

(10) The board may refuse to issue a waiver to a physician-physician assistant team if either applicant has previously violated the terms of a prior waiver granted pursuant to section 334.735.2, RSMo.

(11) The Board of Healing Arts may void a current waiver after conducting a hearing and upon a finding of fact that the physician-physician assistant team has failed to comply with the requirements of the waiver.

AUTHORITY: sections 334.125, RSMo 2000 and 334.735, RSMo as amended by House Bill 497 (2007). Emergency rule filed Oct. 19, 2007, effective Oct. 29, 2007, expires April 25, 2008. Original rule filed Oct. 19, 2007.

PUBLIC COST: This proposed rule will cost state agencies sixty-nine dollars and eighty-one cents (\$69.81) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately ten dollars and twenty-five cents (\$10.25) annually for the life of the rule. It is anticipated that the costs will recur for the life

of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing comments to (573) 751-3166, or by emailing comments to healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2150 - State Board of Registration for the Healing Arts

Chapter 7 - Licensing of Physician Assistants

Proposed Rule - 20 CSR 2150-7.136 - Request for Waiver

Prepared October 1, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance
State Board of Registration for the Healing Arts	\$69.81
Total Annual Personal Service Costs for Issuance of Waiver During 1st Year of Implementation	
	\$69.81

III. WORKSHEET

The Administrative Coordinator for the office will be responsible for drafting the application and placing it on the website. The Executive Director will review the application prior to use by the public. The Senior Office Support Assistant will make copies of the submitted applications for each of the commission members.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL COST
Executive Director	\$74,061	\$110,269.42	\$53.01	\$0.88	5 minutes	\$4.42	\$4.42
Administrative Coordinator	\$36,864	\$54,886.81	\$26.39	\$0.44	61 minutes	\$26.83	\$26.83
Senior Office Support Assistant	\$25,860	\$38,502.95	\$18.51	\$0.31	5 minutes	\$1.54	\$38.56

Total Annual Personal Service Costs for Issuance of Waiver During 1st Year of Implementation **\$69.81**

IV. ASSUMPTION

- Employee's salaries were calculated using the annual salary multiplied by 48.89% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications or renewals.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment and transfers.

PRIVATE ENTITY FISCAL NOTE**I. RULE NUMBER****Title 20 - Department of Insurance, Financial Institutions and Professional Registration****Division 2150 - State Board of Registration for the Healing Arts****Chapter 7 - Licensing of Physician Assistants****Proposed Rule - 20 CSR 2150-7.136 - Request for Waiver**

Prepared October 1, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
25	Application Postage (Postage @ \$0.41)	\$10.25
	Estimated Annual Cost of Compliance for the Life of the Rule	\$10.25

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 7—Licensing of Physician Assistants

PROPOSED RULE

20 CSR 2150-7.137 Waiver Renewal

PURPOSE: This rule establishes procedures for individual physician-physician assistant teams to renew waiver for alternate minimum amounts of on-site supervision and maximum distance between the supervising physician and physician assistant.

(1) A physician-physician assistant team may make application for renewal of a waiver upon forms obtained from the board for a waiver from the minimum on-site supervision and maximum distance requirements specified in section 334.735.1(8), RSMo. No application will be considered unless fully and completely made out on the specified form and properly attested to by both members of the physician-physician assistant team.

(2) A request for renewal of waiver must be submitted to the board office at least sixty (60) days prior to its expiration.

(3) Renewal applications must state if any of the following has changed since the initial application for waiver:

(A) The names, license numbers and telephone numbers of the physician assistant and the supervising physician(s) who make up the physician-physician assistant team;

(B) The specialty of the physician assistant and supervising physician(s) who make up the physician-physician assistant team;

(C) The location(s) where the physician assistants will practice and the location(s) of the supervising physician when the physician assistants will be practicing;

(D) How the community or communities served by the supervising physician-physician assistant team would experience reduced access to health care services in the absence of a waiver;

(E) If the practice location is a health professional shortage area;

(F) Whether the clinic is designated as a Federally Qualified Health Center or Rural Health Clinic; and

(G) The amount and type of supervision that will be provided to the physician assistant.

(4) Applications for renewal will be first considered by the advisory commission for physician assistants. The advisory commission will make a recommendation to the board and will receive the board's advice and consent before approval or denial of a renewal application.

(5) When the advisory commission receives a renewal application, it will publish notice of the application on the board's web site and invite public comments. The advisory commission will consider any comments received from members of the public up to fifteen (15) days from the notice in determining whether to recommend approval or denial of the application.

(6) The advisory commission and the board will determine whether an individual physician-physician assistant team meets the criteria for a waiver outlined in section 334.735.1(2), RSMo using the information provided in the renewal waiver application and the best information available to the board on the availability of health care services in the community or communities served by the physician-physician assistant team. The advisory commission and the board will utilize the most recently available information from the United States Department of Health and Human Services, Health Resources

and Services Administration on the extent of health professional shortage areas.

(7) If the advisory commission and the board approve a request for renewal, the advisory commission and board may establish an alternate minimum amount of time the supervising physician must be on-site while the physician assistant practices. The physician must be on-site a minimum of once every two (2) weeks. The advisory commission and board may also establish an alternate maximum distance between the supervising physician and physician assistant. The alternate maximum distance may not exceed fifty (50) miles.

(8) Once the advisory commission and the board approve a request for renewal for a physician-physician assistant team, the waiver will remain in effect for three (3) years from the date of renewal.

(9) The physician-physician assistant team will notify the advisory commission and board of any changes to the waiver application data within fifteen (15) days of the change.

(10) The Board of Healing Arts may refuse to renew a waiver for the following reasons:

(A) The applicants fail to continue to meet the eligibility requirements pursuant to section 334.735.2, RSMo.

(B) The applicants have previously failed to comply with the requirements of the prior waiver.

(11) Within thirty (30) days of the board's refusal to renew a waiver, the physician-physician assistant team may request a hearing before the board to contest the refusal to renew. After conducting this hearing, the board shall make a finding of fact to either uphold its prior refusal or to issue the waiver.

AUTHORITY: sections 334.125, RSMo 2000 and 334.735, as amended by HB 497 (2007). Original rule filed Oct. 19, 2007.

PUBLIC COST: This proposed rule will cost state agencies thirty-eight dollars and fifty-six cents (\$38.56) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately ten dollars and twenty-five cents (\$10.25) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing comments to (573) 751-3166, or by emailing comments to healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2150 - State Board of Registration for the Healing Arts

Chapter 7 - Licensing of Physician Assistants

Proposed Rule - 20 CSR 2150-7.137 - Waiver Renewal

Prepared October 1, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance	
State Board of Registration for the Healing Arts		\$38.56
	Total Annual Cost of Compliance for the Life of the Rule	\$38.56

III. WORKSHEET

The Senior Office Support Assistant will make copies of the submitted applications for each of the commission members. Review of the applications by members of the board is not anticipated to increase the amount of per diem

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL COST
Senior Office Support Assistant	\$25,860	\$38,502.95	\$18.51	\$0.31	5 minutes	\$1.54	\$38.56

\$38.56

Total Annual Personal Service Costs for Issuance of Waiver After the First Year of Implementation

IV. ASSUMPTION

1. Employee's salaries were calculated using the annual salary multiplied by 48.89% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications or renewals.
2. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment and transfers.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2150 - State Board of Registration for the Healing Arts

Chapter 7 - Licensing of Physician Assistants

Proposed Rule - 20 CSR 2150-7.137 - Waiver Renewal

Prepared October 1, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
25	Application Postage (Postage @ \$0.41)	\$10.25
	Estimated Annual Cost of Compliance for the Life of the Rule After the 1st Year of Implementation	\$10.25

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 7—Licensing of Physician Assistants

PROPOSED AMENDMENT

20 CSR 2150-7.140 Grounds for Discipline, Procedures. The board is proposing to amend paragraph (2)(D)17., delete paragraph (2)(D)18., and renumber the remaining paragraph accordingly. The board is also proposing to delete the publisher's note and Appendix A from the rule.

PURPOSE: This amendment deletes the section pertaining to the American Academy of Physician Assistants' Code of Ethics.

(2) The board may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered a certificate of registration or authority, permit or license for any one (1) or any combination of the following causes:

(D) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to the following:

1. Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or over-treating patients; or charging for services which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

2. Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

3. Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

4. Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, licensure, registration or certification to perform them;

5. Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or device;

6. Performing or prescribing medical services which have been declared by board rule to be of no medical or osteopathic value;

7. Final disciplinary action by any professional physician assistant association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of his/her registration, license or staff or hospital privileges, failure to renew such privileges of registration or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

8. Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104, RSMo;

9. Exercising influence within a physician assistant-patient relationship for purposes of engaging a patient in sexual activity;

10. Terminating the medical care of a patient without adequate

notice or without making other arrangements for the continued care of the patient;

11. Failing to furnish details of a patient's medical records to other treating physician assistants, physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;

12. Failure of any physician assistant or applicant, other than the physician assistant subject of the investigation, to cooperate with the board during any investigation;

13. Failure to comply with any subpoena or subpoena *duces tecum* from the board or an order of the board;

14. Failure to timely pay license renewal fees specified in this chapter;

15. Violating a probation agreement with this board or any other licensing or regulatory agency;

16. Failing to inform the board of the physician assistant's current residence and business address;

17. Advertising by an applicant or licensed physician assistant which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician assistant. An applicant or licensed physician assistant shall also be in violation of this provision if s/he has a financial interest in any organization, corporation or association which issues or conducts such advertising; **and**

[18. Violation of one (1) or any combination of the standards listed in the American Academy of Physician Assistants' Code of Ethics. The board adopts and incorporates by reference the American Academy of Physician Assistants' Code of Ethics. A copy of the American Academy of Physician Assistants' Code of Ethics is retained at the office of the board and is available to any interested person, upon written request, at a cost not to exceed the actual cost of reproduction; and]

[19.]18. Loss of national certification, for any reason, shall result in the termination of licensure;

AUTHORITY: sections 334.100, RSMo Supp. 2006, and 334.735, RSMo as amended by House Bill 497 (2007), and 334.125, 334.736, 334.741 and 334.743, RSMo [Supp. 1999] 2000. This rule originally filed as 4 CSR 150-7.140. Original rule filed April 2, 1992, effective Dec. 3, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed Oct. 19, 2007.

[Appendix A

Code of Ethics of The Physician Assistant Profession

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.

Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

Physician Assistants shall deliver health care services to health consumers without regard to sex, age, race, creed, socio-economic and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient's health care.

Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.

Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall place service before material gain and must carefully safeguard against conflicts of professional interest.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the general public.]

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing comments to (573) 751-3166, or by emailing comments to healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2200—State Board of Nursing
Chapter 6—Intravenous Infusion Treatment
Administration**

PROPOSED AMENDMENT

20 CSR 2200-6.030 Intravenous Infusion Treatment Administration by Qualified Practical Nurses; Supervision by a Registered Professional Nurse. The board is proposing to amend section (1), subsections (2)(D), (3)(A) and section (7).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, references to 4 CSR 200 are being amended throughout the rule. This amendment also clarifies the individual prohibited from performing certain functions related to intravenous infusion treatment.

(1) Qualified practical nurses shall only perform venous access and intravenous (IV) infusion treatment modalities according to the specific provisions of section 335.016, RSMo, [4 CSR 200-5.010] **20 CSR 2200-5.010**, and this chapter. A qualified practical nurse shall only perform such activities under the direction and supervision of a registered professional nurse or a person licensed by a state regulatory board to prescribe medications and intravenous infusion treatments (hereinafter the “licensed prescriber”).

(2) Qualified practical nurses who perform venous access and intravenous infusion treatment modalities shall:

(D) Only engage in practical nursing care acts involving venous access and intravenous infusion treatment modalities that are within the individual’s authorized scope of practice as specified in section 335.016, RSMo, [4 CSR 200-5.010] **20 CSR 2200-5.010**, and this chapter; and

(3) Registered professional nurses who direct and supervise qualified practical nurses in the performance of acts involving venous access and intravenous infusion treatment modalities shall:

(A) Provide appropriate direction and supervision for practical nursing care acts involving venous access and intravenous infusion treatment modalities that are within the qualified practical nurse’s authorized scope of practice as specified in section 335.016, RSMo, [4 CSR 200-5.010] **20 CSR 2200-5.010**, and this chapter;

(7) Graduate **practical nurses** and licensed practical nurses shall NOT, under any condition, perform the following functions or duties:

AUTHORITY: sections 335.017, RSMo 2000 and 335.036, **SB 308, Ninety-fourth General Assembly, First Regular Session, 2007**. This rule originally filed as 4 CSR 200-6.030. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.030, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075 or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2220—State Board of Pharmacy
Chapter 6—Pharmaceutical Care Standards**

PROPOSED RULE

20 CSR 2220-6.050 Administration of Influenza Vaccines Per Protocol

PURPOSE: This rule establishes the procedures for pharmacists to administer viral influenza vaccinations per written protocol with a physician.

(1) A pharmacist may administer viral influenza vaccinations:

(A) To persons twelve (12) years of age or older; and

(B) Pursuant to a written protocol authorized by a physician licensed pursuant to Chapter 334, RSMo, who is actively engaged in the practice of medicine in the state of Missouri.

(2) A pharmacist may not delegate the administration of viral influenza vaccinations to another person.

(3) The authorizing physician is responsible for the oversight of, and accepts responsibility for, the viral influenza vaccinations administered by the pharmacist.

(4) Pharmacist Qualifications—A pharmacist who is administering viral influenza vaccinations must:

(A) Hold a current, unrestricted license to practice pharmacy in this state;

(B) Hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(C) Successfully complete a certificate program in the administration of viral influenza vaccinations accredited by the Centers for Disease Control, the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the board;

(D) Maintain documentation of the above certifications;

(E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education per year related to administration of viral influenza vaccinations. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;

(F) Provide documentation of (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering viral influenza vaccinations; and

(G) On a yearly basis prior to administering viral influenza vaccinations, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of (A), (B), (C), (E), and (F) of this section.

(5) General Requirements.

(A) A pharmacist shall administer viral influenza vaccinations in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC) and in accordance with manufacturer's guidelines.

(B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(6) Administration by Written Protocol with a Missouri Licensed Physician.

(A) A pharmacist may enter into a written protocol with a physician practicing no further than fifty (50) miles by road for the administration of viral influenza vaccinations to patients twelve (12) years of age or older. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:

1. The identity of the participating pharmacist and physician, including signatures;
2. Time period of the protocol;
3. The identification of the viral influenza vaccination which may be administered;
4. The identity of the patient or groups of patients to receive the authorized viral influenza vaccination;
5. The identity of the authorized routes and sites of administration allowed;
6. A provision to create a prescription for each administration under the authorizing physician's name;
7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;
8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;
9. A provision establishing the disposal of used and contaminated supplies;
10. The identity of the location at which the pharmacist may administer the authorized viral influenza vaccination;
11. Record keeping requirements and procedures for notification of administration; and
12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.

(7) Record Keeping.

(A) A pharmacist who administers a viral influenza vaccination shall maintain the following records regarding each administration. These records must be separate from the prescription files of a pharmacy and include:

1. The name, address, and date of birth of the patient;
2. The date, route, and site of the administration;
3. The name, dose, manufacturer, lot number, and expiration date of the vaccination;
4. The name and address of the patient's primary health care provider, as identified by the patient;

5. The name or identifiable initials of the administering pharmacist; and

6. The nature of an adverse reaction and who was notified, if applicable.

(B) All administrations of viral influenza vaccinations must have a prescription as authorized by protocol on file within seventy-two (72) hours after administration at a pharmacy documenting the dispensing of the drug.

(C) All records required by this regulation shall be kept by the pharmacist and be available for two (2) years from the date of such record, for inspecting and copying by the authorizing physician, the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

(8) Notification Requirement.

(A) A pharmacist administering viral influenza vaccinations shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;
2. The identity of the viral influenza vaccination administered;
3. The route of administration;
4. The site of the administration;
5. The dose administered; and
6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering viral influenza vaccinations shall report the administration to all entities as required by state or federal law.

AUTHORITY: sections 338.010 and 338.140, RSMo as amended by SB 109 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expires April 30, 2008. Original rule filed Oct. 24, 2007.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Pharmacy, PO Box 625, Jefferson City, MO 65102, via facsimile to (573) 751-0091, or email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2245—Real Estate Appraisers
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2245-2.050 Appraiser's Assignment Log. The board is proposing to amend subsections (1)(F), (1)(G) and add subsection (1)(H).

PURPOSE: This amendment clarifies what is needed on real estate appraisal reports.

(1) Every licensee shall maintain a summarized listing of the real estate appraisal assignments which the licensee is required to retain under section 339.537, RSMo. This summarized listing shall include, at a minimum, the following information:

(F) Appraised value; *[and]*

(G) Type of form used, if any~~[/]~~; *and*

(H) Actual number of hours used to complete the appraisal.

AUTHORITY: section 339.509, RSMo 2000. This rule originally filed as 4 CSR 245-2.050. Original rule filed Sept. 12, 1996, effective March 30, 1997. Moved to 20 CSR 2245-2.050, effective Aug. 28, 2006. Amended: Filed Nov. 21, 2006, effective July 30, 2007. Amended: Filed Oct 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or polical subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Real Estate Appraisers Commission, Vanessa Beauchamp, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0038, or by emailing comments to rea-com@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2270—Missouri Veterinary Medical Board Chapter 2—Licensure Requirements for Veterinarians

PROPOSED AMENDMENT

20 CSR 2270-2.052 Faculty Licensure. The board is proposing to amend subsection (1)(B).

PURPOSE: This amendment establishes a restricted veterinary license for faculty at the University of Missouri College of Veterinary Medicine.

(1) The board may issue a veterinary faculty license to any qualified applicant associated with the University of Missouri-Columbia, College of Veterinary Medicine, and involved in the instructional program of either undergraduate or graduate veterinary medical students. In order to qualify for a faculty license, the applicant must:

(B) Have been actively engaged in the practice of veterinary medicine for at least five (5) consecutive years immediately prior to making application in Missouri. "Actively engaged," shall mean that the applicant *[worked a minimum of twenty (20) hours per week in a clinical setting]* has regularly and consistently practiced veterinary medicine. The board may request the applicant produce records demonstrating the regular and consistent practice of veterinary medicine; or

AUTHORITY: sections 340.210 and 340.247, RSMo 2000. This rule originally filed as 4 CSR 270-2.052. Original rule filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-2.052, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2270—Missouri Veterinary Medical Board Chapter 2—Licensure Requirements for Veterinarians

PROPOSED AMENDMENT

20 CSR 2270-2.060 Reciprocity. The board is proposing to amend section (1), along with subsections (1)(A) and (1)(B).

PURPOSE: This amendment clarifies requirements for licensure by reciprocity.

(1) To be licensed by reciprocity, **section 340.238, RSMo requires** an applicant *[shall]* to have been actively engaged in the practice of the profession in another state, territory, district or province of the United States or Canada for at least five (5) consecutive years immediately prior to making application in Missouri.

(A) For the purposes of *[this rule]* reciprocity, the term "actively engaged" shall mean that the applicant *[worked a minimum of twenty (20) hours per week in a clinical setting. No more than ten (10) hours per calendar day will apply toward this twenty (20)-hour minimum.]* has regularly and consistently practiced veterinary medicine. Whether or not the board requires examinations, and what examinations may be required in a particular case, may be determined by the information provided on the application, or the board may request the applicant produce records demonstrating the regular and consistent practice of veterinary medicine.

(B) For the purposes of this rule, the term "immediately prior" shall mean that **the five (5) consecutive years ended within [twelve (12) months prior to] the one (1) year before** applying for licensure in Missouri.

AUTHORITY: sections 340.210 and 340.238, RSMo *[Supp. 1999] 2000 and 340.234, RSMo Supp. 2006*. This rule originally filed as 4 CSR 270-2.060. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed July 31, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2270-2.060, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the

Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2270—Missouri Veterinary Medical Board
Chapter 2—Licensure Requirements for Veterinarians**

PROPOSED AMENDMENT

20 CSR 2270-2.070 Provisional Licenses. The board is proposing to amend the original purpose statement.

PURPOSE: This amendment corrects the original purpose statement to reflect the correct title of the license.

PURPOSE: This rule provides the procedures and requirements for obtaining a [temporary] provisional license in Missouri.

AUTHORITY: sections 340.210 and 340.250, RSMo 2000 and 340.246, RSMo Supp. 2006. This rule originally filed as 4 CSR 270-2.070. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-2.070, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards**

PROPOSED AMENDMENT

20 CSR 2270-4.060 Minimum Standards for Supervision. The board is proposing to amend the Required Levels of Supervision chart.

PURPOSE: This amendment makes corrections in terminology on the Required Levels of Supervision chart.

	ANESTHESIA MONITORING*	INDUCTION*	EUTHANAZIA	SURGERY	DIAGNOSIS	PRESCRIBING		TREATMENT		ADMINISTER RABIES	BIOLOGICS OTHER	ROUTINE DENTAL PROPHYLAXIS
						CON-TROLLED	NOT CON-TROLLED	@ FACILITY	NOT @ FACILITY			
TEMPORARY PROVISIONAL LICENSE	B	B	B	B	B	D	B	C	C	C	C	B
(RVT) REGISTERED VET. TECHNICIAN	B	A	B	D	D	D	D	C	B	D	B	B
UNREGISTERED ASSISTANT	A	D	A	D	D	D	D	C	A	D	A	A
VETERINARY STUDENT	A	A	A	A	A	D	D	C	B	D	B	A
CONSULTING** LICENSEE FROM ALLIED PROFESSIONS	D	D	D	A	A	D	D	A	A	D	D	A

* Monitoring of or administration of pre-calculated dose of anesthesia
 ** Dentist, Chiropractor, Physician, etc.

A = Immediate Supervision: the licensed veterinarian is in the immediate area and within audible and visual range of animal patient and the person treating the patient;

B = Direct Supervision: the licensed veterinarian is on the premises where the animal is being treated and is quickly and easily available and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated animal health care task;

C = Indirect Supervision: the licensed veterinarian need not be on the premises but has given either written or oral instructions for the treatment of the animal patient or treatment protocol has been established and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated health care task; provided that the patient is not in a surgical plane of anesthesia and the licensed veterinarian is available for consultation on at least a daily basis;

D = Not Legal

AUTHORITY: sections 340.210 and 340.326, RSMo 2000 and 340.222, RSMo Supp. 2006. This rule originally filed as 4 CSR 270-4.060. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-4.060, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 5—Veterinary Facilities Permits**

PROPOSED AMENDMENT

20 CSR 2270-5.041 Temporary Continuance of Veterinary Practice Upon Death of Owner. The board is proposing to amend section (1).

PURPOSE: This amendment will add trustee to the rest of individuals who may continue to own and maintain the practice upon the death of an owner.

(1) Upon the demise of the licensed owner of an individually owned veterinary practice, an unlicensed spouse or the executor, administrator, **trustee** or personal representative of the licensee's estate may continue to own and maintain the practice for a period of one (1) year in order to convey or liquidate the practice, provided that the services of a Missouri licensed veterinarian shall be engaged to be the veterinarian in charge.

AUTHORITY: sections 340.210 and 340.264, RSMo [1994] 2000. This rule originally filed as 4 CSR 270-5.041. Original rule filed March 10, 1995, effective Sept. 30, 1995. Moved to 20 CSR 2270-5.041, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 6—Professional Conduct for the Practice of
Veterinary Medicine**

PROPOSED AMENDMENT

20 CSR 2270-6.011 Rules of Professional Conduct. The board is proposing to amend section (10).

PURPOSE: This amendment makes a grammatical correction in section (10) of the rule.

(10) Although a licensee may choose whom to serve, once the care of a patient has been undertaken the licensee has an obligation to provide reasonable services or treatment to stabilize[d] the patient or to prevent unnecessary suffering or pain.

AUTHORITY: section 340.210, RSMo 2000. This rule originally filed as 4 CSR 270-6.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2270-6.011, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Attention: Dana Hoelscher, PO Box 633, Jefferson City, MO 65102, via fax at (573) 526-3856 or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 90—Weights and Measures
Chapter 30—Petroleum Inspection**

ORDER OF RULEMAKING

By the authority vested in the Department of Agriculture under section 414.035, RSMo Supp. 2006, the director adopts a rule as follows:

2 CSR 90-30.085 Financial Responsibility for Manufacturers, Installers and Repairers of Petroleum Equipment **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on July 2, 2007 (32 MoReg 1027-1030). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons,
Methods, Limits**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-6.415 Restricted Zones **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1547). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.431 Deer Hunting Seasons: General Provisions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1547-1548). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.438 Deer: Regulations for Department Areas **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1548). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges,
Permits, Standards**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.110 General Prohibition; Applications is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1548). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.115 Bullfrogs and Green Frogs is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1548–1549). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.130 Fishing, General Provisions and Seasons
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1549). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.145 Fishing, Length Limits is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2007 (32 MoReg 1549–1550). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 2—Air Quality Standards and Air Pollution
Control Rules Specific to the Kansas City Metropolitan
Area**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission rescinds a rule as follows:

10 CSR 10-2.100 Open Burning Restrictions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1115). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No written or verbal comments were received concerning this proposed rescission during the public comment period.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 3—Air Pollution Control Rules Specific to the
Outstate Missouri Area**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission rescinds a rule as follows:

10 CSR 10-3.030 Open Burning Restrictions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1115). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No written or verbal comments were received concerning this proposed rescission during the public comment period.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 4—Air Quality Standards and Air Pollution
Control Regulations for the Springfield-Greene County
Area**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission rescinds a rule as follows:

10 CSR 10-4.090 Open Burning Restrictions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1115-1116). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No written or verbal comments were received concerning this proposed rescission during the public comment period.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 5—Air Quality Standards and Air Pollution
Control Rules Specific to the St. Louis Metropolitan Area**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission rescinds a rule as follows:

10 CSR 10-5.070 Open Burning Restrictions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1116). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No written or verbal comments were received concerning this proposed rescission during the public comment period.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions, Sampling
and Reference Methods and Air Pollution Control
Regulations for the Entire State of Missouri**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission adopts a rule as follows:

10 CSR 10-6.045 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1116-1118). Those sections with changes are reprinted here.

This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received comments on the proposed rule from six (6) sources: Missouri Farm Bureau, U.S. Environmental Protection Agency Region VII, Springfield-Greene County Health Department, Greene County Commission, St. Louis County Department of Health, and a private citizen.

COMMENT #1: The Missouri Farm Bureau spoke in support of the proposed rule at public hearing. The Missouri Farm Bureau was a participant in the workgroup that reviewed the present open burning regulations and developed the proposed rule.

RESPONSE: The department's Air Pollution Control Program appreciates Missouri Farm Bureau's participation in the workgroup and their support. No wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT #2: The U.S. Environmental Protection Agency commented that they encourage the Department of Natural Resources (DNR) to keep the open-burning regulations in mind as they develop plans to attain the ozone and fine particulate matter standards in St. Louis and Kansas City. To the extent that open burning may impact ozone and particulate matter formation in certain areas, it may be beneficial for the DNR to evaluate if revisions to the open burning regulations are necessary in order to attain the air quality standards.

RESPONSE: The permit requirement in the regulation for those wanting to open burn in and around major metropolitan areas should help minimize the pollution resulting from open burning. Should the need arise, based on monitored levels of pollutants or in anticipation of high pollutant concentrations, these permits may be denied or held until a more favorable meteorological conditions are present. No wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT #3: The Springfield-Greene County Health Department and the Greene County Commission commented that it is concerned about provisions made in the proposed open burning rule 10 CSR 10-6.045. They agree that it is a good idea to consolidate the existing four open burning regulations, but the new rule appears to reduce existing requirements in Greene County. Paragraph (3)(A)4. of the proposed rule states that as long as you are outside of any incorporated area or municipality, outside the St. Louis metropolitan area, and at least two hundred (200) yards from any occupied structure, land clearing of vegetative debris can be burned without a permit. However, for Springfield-Greene County, as stated in 10 CSR 10-4.090(4), open burning permits are required except for those conditions stated in 10 CSR 10-4.090(4)(A). They feel that the proposed rule should not reduce established requirements for our area and the proposed rule should be amended to include the existing permit requirements.

RESPONSE AND EXPLANATION OF CHANGE: In reviewing these comments and the wording in the existing regulations, a wording change has been made to the proposed rule at (3)(A)4.A. and (3)(B)2. The change includes the listing of the Kansas City metropolitan area and the Springfield-Greene County area. As a result of this change, an open burning permit will be required in the Kansas City metropolitan area, Springfield-Greene County area, and the St. Louis metropolitan area for land clearing operations.

COMMENT #4: The St. Louis County Department of Health comments that the proposed rule be amended at (3)(A)5.D. by prohibiting the open burning of trees, tree leaves, brush or any other type of vegetation in all of St. Louis County. As the rule is proposed, this type of open burning would be allowed in the unincorporated areas of St. Louis County.

RESPONSE: The workgroup developed the proposed rule with the intent of consolidating the existing open burning regulations into a single rule that is more understandable without being any more strict. The present regulation that covers the St. Louis metropolitan area does not prohibit the open burning described above for St. Louis County. The department's Air Pollution Control Program would support the prohibition, but believes that a local ordinance might best handle this situation. No wording changes have been made to the proposed rulemaking as a result of this comment.

COMMENT #5: A private citizen provided support for setting the minimum standard statewide for open burning regulations, but expressed concern for burning that occurs right next to a roadway because it is a health and safety hazard. It was suggested that a requirement be added for burning to occur at a minimum distance from a road, such as fifty feet (50') or one hundred feet (100'). It was also recommended that recreational fires be defined so that vegetative burns cannot avoid a vegetative burn permit by claiming it is a recreational fire. There should be a reasonable balance between the legitimate rights of property owners to burn as well as the legitimate need of some constituents to minimize the effects of smoke on their daily activities, livestock, and health.

RESPONSE: Concerning the smoke near roads, the proposed rule contains language that prohibits open burning which causes or constitutes a public health hazard, nuisance, or a hazard to vehicular or air traffic. Yard waste in the St. Louis metropolitan area can only be open burned from September 16 to April 14 and between the hours of 10 a.m. and 4 p.m., with a base area not to exceed sixteen (16) square feet. Distinguishing between a recreational fire and a non-recreational fire is determined by on-site investigators. No wording changes have been made to the proposed rulemaking as a result of this comment.

10 CSR 10-6.045 Open Burning Requirements

(3) General Provisions. The open burning of tires, petroleum-based products, asbestos containing materials, and trade waste is prohibited, except as allowed below. Nothing in this rule may be construed as to allow open burning which causes or constitutes a public health hazard, nuisance, a hazard to vehicular or air traffic, nor which violates any other rule or statute.

(A) The following types of open burning are allowed by the department when not prohibited by other laws, regulations or ordinances:

1. Recreational and ceremonial fires. These fires shall be comprised of vegetative woody materials or untreated wood products only;

2. Noncommercial preparation of food, such as by barbecuing;

3. Burning of household or domestic refuse. Burning of household or domestic refuse is limited to open burning on a residential premises having not more than four (4) dwelling units, provided that the refuse originates on the same premises, with the following exceptions:

A. Kansas City metropolitan area. The open burning of household refuse must take place in an area zoned for agricultural purposes and outside that portion of the metropolitan area surrounded by the corporate limits of Kansas City and every contiguous municipality;

B. Springfield-Greene County area. The open burning of household refuse must take place outside the corporate limits of Springfield and only within areas zoned A-1, Agricultural District;

C. St. Joseph area. The open burning of household refuse must take place within an area zoned for agricultural purposes and outside that portion of the metropolitan area surrounded by the corporate limits of St. Joseph; and

D. St. Louis metropolitan area. The open burning of household refuse is prohibited;

4. Land clearing of vegetative debris, provided all burning occurs—

A. Outside of any incorporated area or municipality and outside of the Kansas City metropolitan area, Springfield-Greene County area, and the St. Louis metropolitan area;

B. At least two hundred (200) yards from the nearest occupied structure; and

C. Land clearing of vegetative debris that does not meet the conditions of subparagraphs (3)(A)4.A. and (3)(A)4.B. of this rule may be open burned provided an open burning permit is obtained as found in subsection (3)(B) of this rule;

5. Yard waste, with the following exceptions:

A. Kansas City metropolitan area. The open burning of trees, tree leaves, brush or any other type of vegetation shall require an open burning permit;

B. Springfield-Greene County area. The City of Springfield requires an open burning permit for the open burning of trees, brush or any other type of vegetation. The City of Springfield prohibits the open burning of tree leaves;

C. St. Joseph area. Within the corporate limits of St. Joseph, the open burning of trees, tree leaves, brush or any other type of vegetation grown on a residential property is allowed during the following calendar periods and time-of-day restrictions:

(I) A three (3)-week period within the period commencing the first day of March through April 30 and continuing for twenty-one (21) consecutive calendar days;

(II) A three (3)-week period within the period commencing the first day of October through November 30 and continuing for twenty-one (21) consecutive calendar days;

(III) The burning shall take place only between the daytime hours of 10:00 a.m. and 3:30 p.m.; and

(IV) In each instance, the twenty-one (21)-day burning period shall be determined by the director of Public Health and Welfare of the City of St. Joseph for the region in which the City of St. Joseph is located provided, however, the burning period first shall receive the approval of the department director; and

D. St. Louis metropolitan area. The open burning of trees, tree leaves, brush or any other type of vegetation is limited to the period beginning September 16 and ending April 14 of each calendar year and limited to a total base area not to exceed sixteen (16) square feet. Any open burning shall be conducted only between the hours of 10:00 a.m. and 4:00 p.m. and is limited to areas outside of incorporated municipalities;

6. Untreated wood waste materials. Untreated wood waste materials resulting from wood processing facilities in existence as of March 25, 1976, which produce less than eight thousand (8,000) board feet or equivalent per day may be open burned if at least two hundred (200) yards from the nearest occupied structure. Untreated wood waste materials resulting from wood processing plants which relocate or from new wood processing facilities which produce less than eight thousand (8,000) board feet, or equivalent per day, may be open burned if at least one (1) mile outside the city limits of any incorporated area or municipality and at least two hundred (200) yards from the nearest occupied structure;

7. Fire training exercises. Fires set for the purposes of training fire fighters and industrial employees in fire fighting methods provided that—

A. The training is conducted in accordance with National Fire Protection Association standards, NFPA 1403, *Standard on Live Fire Training Evolutions (2002 Edition)*, for fire fighters and NFPA 600, *Standard on Industrial Fire Brigades (2005 Edition)*, for industrial employees. The provisions of NFPA 1403 and 600 shall apply and are hereby incorporated by reference in this rule, as published by the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322. This rule does not incorporate any subsequent amendments or additions. These exercises include, but are not limited to, liquefied gas propane fueled simulators, flashover simulators and stationary live burn towers; and

B. Acquired structures to be used for training exercises are subject to the requirements of 10 CSR 10-6.080, subsection (3)(M),

National Emission Standard for Asbestos. These requirements include, but are not limited to, inspection of and notification to the director. All petroleum-based products are to be removed from any acquired structure that is to be burned as part of a training exercise;

8. Agricultural burning. Fires set in connection with agricultural or forestry operations related to the growing or harvesting of crops with the following exception. In the St. Louis metropolitan area, if open burning for pest or weed control or crop production on existing cropland between April 15 and September 15, the person must notify the director in writing at least forty-eight (48) hours prior to commencement of burning. The department reserves the right to delay the burning on days when the ambient ozone level is forecasted to be high; and

9. Natural resource and land management. Prescribed fires set for natural resource management purposes.

(B) The following types of materials may be open burned provided an open burning permit is obtained from the director. The permit will specify the conditions and provisions of all open burning. The permit may be revoked if the owner or operator fails to comply with the conditions or any provisions of the permit—

1. Burning of untreated wood waste; and
2. Burning of tree trunks, tree limbs, and vegetation at commercial land clearing operations that occur within an incorporated area or municipality or where the proposed open burning will occur within two hundred (200) yards of an occupied structure or when the open burning is located anywhere in the Kansas City metropolitan area, Springfield-Greene County area, or the St. Louis metropolitan area.

Title 10—DEPARTMENT OF NATURAL RESOURCES

Division 10—Air Conservation Commission

Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.225, RSMo 2000, the commission amends a rule as follows:

10 CSR 10-6.241 Asbestos Projects—Registration, Notification and Performance Requirements is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1118-1119). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program did not receive any comments on the proposed amendment.

Title 10—DEPARTMENT OF NATURAL RESOURCES

Division 10—Air Conservation Commission

Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation

Commission under section 643.225, RSMo 2000, the commission amends a rule as follows:

10 CSR 10-6.250 Asbestos Projects—Certification, Accreditation and Business Exemption Requirements is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1119-1122). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program did not receive any comments on the proposed amendment.

Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—Division of Medical Services

Chapter 3—Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

ORDER OF RULEMAKING

By the authority vested in the Division of Medical Services under sections 208.201, RSMo 2000, and 208.431 and 208.435, RSMo Supp. 2006, the division amends a rule as follows:

13 CSR 70-3.170 Medicaid Managed Care Organization Reimbursement Allowance is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2007 (32 MoReg 1183-1185). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES

Division 70—Division of Medical Services

Chapter 10—Nursing Home Program

ORDER OF RULEMAKING

By the authority vested in the Division of Medical Services under sections 208.153, 208.159 and 208.201, RSMo 2000, the division amends a rule as follows:

13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2007 (32 MoReg 1186-1188). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program**

ORDER OF RULEMAKING

By the authority vested in the Division of Medical Services under sections 208.201, 208.453 and 208.455, RSMo 2000, the division amends a rule as follows:

**13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2007 (32 MoReg 1189-1190). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 25—State Public Health Laboratory
Chapter 36—Testing for Metabolic Diseases**

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 191.331, 192.006, RSMo 2000, and 191.332, RSMo Supp. 2006, the department amends a rule as follows:

**19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 16, 2007 (32 MoReg 1125-1128). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT #1: The State Public Health Laboratory noted that with the amendment the change in the fee charged for specimen collection forms will go into effect July 1, 2007, although the rule itself will not go into effect until January 30, 2008.

RESPONSE AND EXPLANATION OF CHANGE: The department is changing section (6) to make the effective date of the change in fees the same as the effective date of the rule.

19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders

(6) Effective January 30, 2008, a fee of up to sixty-five dollars (\$65) shall be charged for each specimen collection form used to obtain a newborn screening blood specimen. If the State Public Health Laboratory determines a submitted blood specimen to be unsatisfactory for testing, then a replacement specimen collection form will be made available without the fee being imposed. The Department of Health and Senior Services may collect the fee from any entity or individual described in 191.331.1, RSMo.

REVISED PUBLIC COST: The cost to state agencies for the first year will be fifty-four thousand four hundred seventy-four dollars

(\$54,474) versus one hundred four thousand nine hundred forty-nine dollars (\$101,949) that was submitted with the original proposal.

REVISED PRIVATE COST: This amendment will cost private entities three hundred eighty-nine thousand five hundred ninety-six dollars (\$389,596) versus seven hundred seventy-nine thousand one hundred ninety-three dollars (\$779,193) for the first year which was submitted with the original proposal.

**REVISED FISCAL NOTE
PUBLIC COST**

- I. Department Title: 19 Department of Health and Senior Services**
Division Title: 25 State Public Health Laboratory
Chapter Title: 36 Testing for Metabolic Diseases

Rule Number and Name:	19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders
Type of Rulemaking:	Order of Rulemaking

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services	\$32,256 year one \$64,512 years two-three \$93,184 annually thereafter
Department of Health and Senior Services	\$20,218 year one \$40,437 years two-three \$58,409 annually thereafter

III. WORKSHEET

11,661 newborn screening test kits x \$9.00 increase per kit sold for confirmed Medicaid-eligible babies x Medicaid federal percentage of 61.47% = \$64,512 cost per year for years one through three. Anticipated additional increase of \$4.00 per kit beginning in fiscal year 2011: 11,661 kits x \$4.00 x 61.47% = \$28,672.

Department of Health and Senior services costs consist of the remaining 38.53% of the costs that are not reimbursed by Medicaid.

IV. ASSUMPTIONS

Number of kits sold is based on historic data.

Figures are based on state fiscal year of July 1 through June 30, except for year one which is based on costs for December 30, 2007 through June 30, 2008.

Based on estimated costs and cost accounting data for fiscal year 2006. All fees are reviewed annually and adjustments made as needed to meet actual laboratory costs of newborn screening.

The total cost may vary with the number of births and the rate of inflation and is expected to increase annually.

**REVISED FISCAL NOTE
PRIVATE COST**

- I. Department Title: 19 Department of Health and Senior Services
Division Title: 25 State Public Health Laboratory
Chapter Title: 36 Testing for Metabolic Diseases**

Rule Number and Title:	19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders
Type of Rulemaking:	Order of Rulemaking

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
124 3,067	*Hospitals, ambulatory surgical center *Physicians, midwives	\$389,596 year one; \$779,193 years two-three; \$1,125,501 annually thereafter

III. WORKSHEET

86,577 newborn screening test kits x \$9.00 increase per kit sold for non Medicaid-eligible babies = \$779,193 cost per year. Anticipated additional increase of \$4.00 per kit beginning in fiscal year 2011: 86,577 kits x \$4.00 = \$346,308 per year.

IV. ASSUMPTIONS

Number of kits sold is based on historic data.

Figures are based on state fiscal year of July 1 through June 30, except for year one which is based on costs for December 30, 2007 through June 30, 2008.

Based on estimated costs and cost accounting data for fiscal year 2006. All fees are reviewed annually and adjustments made as needed to meet actual laboratory costs of newborn screening.

The total cost may vary with the number of births and the rate of inflation and is expected to increase annually.

The cost will most likely be passed on to health insurance companies and health maintenance organizations by the birthing centers.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031 and 332.281, RSMo 2000 and 332.261, RSMo Supp. 2006, the board amends a rule as follows:

20 CSR 2110-2.070 Licensure by Credentials—Dental Hygienists is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1408–1409). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031, RSMo 2000 and 332.181, RSMo Supp. 2006, the board amends a rule as follows:

20 CSR 2110-2.071 License Renewal—Dentists and Dental Hygienists is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1409). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 2—Licensing of Physicians and Surgeons**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Registration for the Healing Arts under sections 334.045, 334.046, 334.090, and 334.125, RSMo 2000 and 334.100, RSMo Supp. 2006, the board amends a rule as follows:

20 CSR 2150-2.001 Definitions is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1409–1410). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This pro-

posed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical
Therapist Assistants**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Registration for the Healing Arts under section 334.125, RSMo 2000, the board amends a rule as follows:

20 CSR 2150-3.020 Application Forms is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1410). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 3—Licensing of Physical Therapists and Physical
Therapist Assistants**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Registration for the Healing Arts under sections 334.125, 334.500 and 334.650, RSMo 2000, the board amends a rule as follows:

20 CSR 2150-3.090 Physical Therapist Assistants—Direction, Delegation and Supervision is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1410–1411). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 4—Licensing of Speech-Language Pathologists
and Audiologists**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Registration for the Healing Arts under sections 345.015, RSMo Supp. 2006 and 345.030, RSMo 2000, the board rescinds a rule as follows:

20 CSR 2150-4.200 Definition of Uniform Functionally Based Proficiency Evaluation is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1411). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts
Chapter 4—Licensing of Speech-Language Pathologists
and Audiologists**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Registration for the Healing Arts under sections 345.015 and 345.050, RSMo Supp. 2006 and 334.125 and 345.030, RSMo 2000, the board amends a rule as follows:

20 CSR 2150-4.205 Procedural Process for Registration is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1411–1412). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 1—Organization and Description of Board**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.140, RSMo 2000 and 536.023.3, RSMo Supp. 2006, the board amends a rule as follows:

20 CSR 2230-1.010 General Organization is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1412). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 1—Organization and Description of Board**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.110, RSMo Supp. 2006 and 330.140, RSMo 2000, the board amends a rule as follows:

20 CSR 2230-1.020 Board Member Compensation is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1412–1413). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.010 and 330.040, RSMo Supp. 2006 and 330.140, RSMo 2000, the board amends a rule as follows:

20 CSR 2230-2.010 Application for Licensure by Examination is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1414–1415). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.140, RSMo 2000 and 330.160.2, RSMo Supp. 2006, the board rescinds a rule as follows:

20 CSR 2230-2.020 Professional Conduct Rules is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1416). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.140, RSMo 2000 and 330.160.2, RSMo Supp. 2006, the board adopts a rule as follows:

20 CSR 2230-2.020 Professional Conduct Rules is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1416–1417). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.140, RSMo 2000 and 330.160, RSMo Supp. 2006, the board amends a rule as follows:

20 CSR 2230-2.021 Advertising Regulation is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1418). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under section 330.140, RSMo 2000, the board adopts a rule as follows:

20 CSR 2230-2.023 Infection Control is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1418–1421). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.030, RSMo Supp. 2006 and 330.140, RSMo 2000, the board amends a rule as follows:

20 CSR 2230-2.050 Reciprocity is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1422). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Podiatric Medicine under sections 330.010 and 330.065, RSMo Supp. 2006 and 330.140, RSMo 2000, the board amends a rule as follows:

**20 CSR 2230-2.065 Temporary Licenses for Internship/Residency
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2007 (32 MoReg 1422–1423). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2245—Real Estate Appraisers
Chapter 7—Prelicense Course Approval**

ORDER OF RULEMAKING

By the authority vested in the Missouri Real Estate Appraisers Commission under sections 339.509, RSMo 2000 and 339.517, RSMo Supp. 2006, the board amends a rule as follows:

**20 CSR 2245-7.010 Standards for Prelicense Course Approval
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* August 15, 2007 (32 MoReg 1423). No changes have been made to the text of the

proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates, from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce, because of impaired vision, or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

DATES: Comments must be received at the address stated below, on or before December 15, 2007.

ADDRESSES: You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- Email: Kathy.Hatfield@modot.mo.gov
- Mail: PO Box 893, Jefferson City, MO 65102-0893
- Hand Delivery: 1320 Creek Trail Drive, Jefferson City, MO 65109
- Instructions: All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

**COMMENTS RECEIVED
BECOME MoDOT PUBLIC RECORD**

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- Docket: For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4:00 p.m., Monday through Friday, except state holidays.

FOR FURTHER INFORMATION CONTACT: Ms. Kathy Hatfield, Motor Carrier Specialist, (573) 522-9001, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-

0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:

Public Participation

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, *Missouri Revised Statutes* (RSMo) Supp. 2006, MoDOT may issue a Skill Performance Evaluation Certificate, for not more than a two (2)-year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application # MP070323014

Renewal Applicant's Name & Age: Robert Ogle Jr., 48

Relevant Physical Condition: Mr. Ogle's best corrected visual acuity in his left eye is 20/20 Snellen and he is blind in his right eye.

Relevant Driving Experience: Mr. Ogle is currently employed with a water company and has been for over 9 years. Mr. Ogle indicated that he has over 10 years commercial motor vehicle driving experience. He currently has a Class E driver's license. Drives personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2007, his optometrist certified, "In my medical opinion, Mr. Ogle's visual deficiency is stable and has sufficient vision to perform the driving tasks required to operate a commercial motor vehicle, and that his condition will not adversely affect his ability to operate a commercial motor vehicle safely."

Traffic Accidents and Violations: No accidents or violations on record.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: October 16, 2007

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates, from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce, because of impaired vision, or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

DATES: Comments must be received at the address stated below, on or before January 2, 2008.

ADDRESSES: You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

•*E-mail:* Kathy.Hatfield@modot.mo.gov

•*Mail:* PO Box 893, Jefferson City, MO 65102-0893

•*Hand Delivery:* 1320 Creek Trail Drive, Jefferson City, MO 65109

Instructions: All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

**COMMENTS RECEIVED
BECOME MoDOT PUBLIC RECORD**

•By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.

•*Docket:* For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4:00 p.m., Monday through Friday, except state holidays.

FOR FURTHER INFORMATION CONTACT: Ms. Kathy Hatfield, Motor Carrier Specialist, (573) 522-9001, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:

Public Participation

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications

requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, *Missouri Revised Statutes* (RSMo) Supp. 2006, MoDOT may issue a Skill Performance Evaluation Certificate, for not more than a two (2)-year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants

Application # MP040917067

Applicant's Name & Age: Dale E. Bollinger, 42

Relevant Physical Condition: Mr. Bollinger's best corrected visual acuity is 20/20 Snellen, in both eyes. He has insulin-treated diabetes mellitus and has been using insulin for control since 1992.

Relevant Driving Experience: Employed by MoDOT from June 2000 to present and has driven 9 passenger vans, straight trucks and tractor-trailers, both automatic and manual, some with air brakes. The trailers have consisted of flatbed, cargo tanks and low boys. Employed as a laborer, maintenance and lift driver for various logging and sawmill companies from March 1987 to June 2000. Drives personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in October 2007, his endocrinologist certified, "In my medical opinion, Mr. Bollinger's diabetes deficiency is stable and he is capable of performing the driving tasks required to operate a commercial motor vehicle, and that the applicant's condition will not adversely affect his ability to operate a commercial motor vehicle safely."

Traffic Accidents and Violations: No accidents or violations within the past 3 years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: November 1, 2007.

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and
Transportation Commission
Chapter 25—Motor Carrier Operations**

IN ADDITION

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for
Commercial Drivers**

PUBLIC NOTICE

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- E-mail:** *Kathy.Hatfield@modot.mo.gov*
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**COMMENTS RECEIVED
BECOME MoDOT PUBLIC RECORD**

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
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FOR FURTHER INFORMATION CONTACT: Ms. Kathy Hatfield, Motor Carrier Specialist, (573) 522-9001, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

SUPPLEMENTARY INFORMATION:**Public Participation**

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, *Missouri Revised Statutes* (RSMo) Supp. 2006, MoDOT may issue a Skill Performance Evaluation Certificate, for not more than a two (2)-year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety

that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

Qualifications of Applicants**Application # MP070829046**

Applicant's Name & Age: Kirk E. Bufford, 45

Relevant Physical Condition: Mr. Bufford's best corrected visual acuity is 20/70 Snellen, in his left eye and 20/20 Snellen in his right eye. Mr. Bufford's vision has been this way since birth.

Relevant Driving Experience: Employed in O'Fallon, MO as a driver and has had over 8 years experience driving commercial motor vehicles, generally cement trucks. Drives personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in October 2007, his optometrist certified, "In my medical opinion, Mr. Bufford's visual deficiency is stable and he is capable of performing the driving tasks required to operate a commercial motor vehicle, and that the applicant's condition will not adversely affect his ability to operate a commercial motor vehicle safely."

Traffic Accidents and Violations: No accidents or violations within the past 3 years.

Request for Comments

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: November 1, 2007.

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

**NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY
TO ALL CREDITORS OF AND CLAIMANTS AGAINST CAPHAWK, LLC**

On October 10, 2007, CapHawk, LLC, filed Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. Claims against CapHawk, LLC, must be submitted to Rick J. Muenks, Attorney at Law, 3041 S. Kimbrough Avenue, Ste. 106, Springfield, Missouri 65807. Claims must include name and address of claimant; amount of claim; basis of claim; and documentation of claim. By law, proceedings are barred unless commenced against the LLC within three years after the publication of this notice.

**NOTICE OF CORPORATE DISSOLUTION
TO ALL CREDITORS OF AND CLAIMANTS
AGAINST ACCESS HPI, INC.**

On October 11, 2007, Access HPI, Inc. filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective upon filing.

You are hereby notified that if you believe you have a claim against Access HPI, Inc., you must submit a summary in writing of the circumstances surrounding your claim against Access HPI, Inc. to Mark E. Meyer, The Law Offices of Mark E. Meyer, L.L.C., 606 NE Applewood St., Lee's Summit, MO 64063. The summary of your claim must include the following information:

1. The name, address and telephone number of the claimant.
2. The amount of the claim.
3. The date on which the event on which the claim is based occurred.
4. A brief description of the nature of the debt or the basis for the claim.
5. Whether the claim is secured, and if so, the collateral used as security.

All claims against Access HPI, Inc. will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

**Notice of Dissolution
Of Limited Liability Company
To All Creditors and Claimants
Against Digital Valley Wireless SC, LLC**

On October 30, 2007, Digital Valley Wireless SC, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up with the Missouri Secretary of State.

All persons and organizations with claims against the limited liability company should send them immediately by letter to: Business Filings International, Inc 120 South Central Avenue, Suite 400 Clayton MO 63105, with a written summary including: 1) Claimants name and address; 2) Amount of the claim; 3) Basis for the claim; 4) Documentation of the claim .

NOTICE: Because of the dissolution, any claim against it will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION

To All Claimants Against

DT PROPERTIES, INC.

a Missouri Corporation

On October22, 2007 DT Properties, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. The dissolution of the corporation was effective on that date.

DT Properties, Inc., requests that all persons and organizations who have claims against it present them immediately by letter to DT Properties, Inc., 1016 S.E. 4th Street, Lee's Summit, Missouri 64063.

All claims must include: the name and address of the claimant; the amount claimed; the basis of the claim; the date(s) on which the events occurred which provided the basis for the claim; and copies of any other supporting data.

Any claim against DT Properties, Inc., will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of two notices authorized by statute (RSMo. §351.482), specifically, this notice and one other in a different publication, whichever notice is published last.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST HART & SALIGMAN DESIGN LLC

On October 11, 2007, Hart & Saligman Design LLC a Missouri LLC (the "Company"), filed a Notice of Winding Up with the Missouri Secretary of State. Claims against the Company may be mailed to Neela H. Kottmeier LLC, P.O. Box 4503, 320 Union, St. Louis, Missouri, 63108. Claims must include the name, address and telephone number of the claimant; the amount of the claim; the date on which the claim arose; the basis for the claim; and documentation of the claim. A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after this publication.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY
TO ALL CREDITORS OF AND CLAIMANTS AGAINST
ARNOLD SURGERY CENTER, L.L.C.**

On October 17, 2007, ARNOLD SURGERY CENTER, L.L.C., a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Frank C. Carnahan, Carnahan, Evans, Cantwell & Brown, P.C., 2805 S. Ingram Mill, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

Notice Of Dissolution

Please be advised that LASALLE PROPERTIES, INC., a Missouri corporation, was dissolved by Resolution of the Initial Director as of July 30, 2007. Any and all claims against the corporation shall be in writing and mailed to: The Law Offices of Jonathan P. Beck, 3206 Shenandoah Ave., St. Louis, MO 63104, shall contain a brief summary of the nature of the claim, and shall include any and all supporting documentation. Any and all claims against the corporation shall be barred unless a proceeding to enforce the claim is made within two years after publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				30 MoReg 2435
1 CSR 10-8.010	Commissioner of Administration		32 MoReg 970	32 MoReg 1967	
1 CSR 15-3.350	Administrative Hearing Commission		32 MoReg 1025	32 MoReg 2091	
1 CSR 50-1.010	Missouri Ethics Commission		32 MoReg 1906		
1 CSR 50-2.015	Missouri Ethics Commission		32 MoReg 1906		
1 CSR 50-2.020	Missouri Ethics Commission		32 MoReg 1907		
1 CSR 50-2.060	Missouri Ethics Commission		32 MoReg 1907		
1 CSR 50-2.070	Missouri Ethics Commission		32 MoReg 1907		
1 CSR 50-2.080	Missouri Ethics Commission		32 MoReg 1908		
1 CSR 50-2.090	Missouri Ethics Commission		32 MoReg 1908		
1 CSR 50-2.150	Missouri Ethics Commission		32 MoReg 1908		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.040	Animal Health		32 MoReg 971	32 MoReg 2153W	
2 CSR 80-5.010	State Milk Board		32 MoReg 1093	32 MoReg 2153	
2 CSR 90-30.085	Weights and Measures		32 MoReg 1027	This Issue	
2 CSR 110-2.010	Office of the Director		32 MoReg 1909		
2 CSR 110-3.010	Office of the Director		32 MoReg 1170		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.130	Conservation Commission		32 MoReg 2129		
3 CSR 10-5.205	Conservation Commission		32 MoReg 2129		
3 CSR 10-5.215	Conservation Commission		32 MoReg 2130		
3 CSR 10-5.220	Conservation Commission		32 MoReg 2131		
3 CSR 10-5.225	Conservation Commission		32 MoReg 2131		
3 CSR 10-5.300	Conservation Commission		32 MoReg 2131		
3 CSR 10-5.310	Conservation Commission		32 MoReg 2134		
3 CSR 10-5.315	Conservation Commission		32 MoReg 2134		
3 CSR 10-5.320	Conservation Commission		32 MoReg 2134		
3 CSR 10-6.410	Conservation Commission		32 MoReg 2134		
3 CSR 10-6.415	Conservation Commission		32 MoReg 1547	This Issue	
3 CSR 10-6.510	Conservation Commission		32 MoReg 2135		
3 CSR 10-6.530	Conservation Commission		32 MoReg 2135		
3 CSR 10-6.540	Conservation Commission		32 MoReg 2135		
3 CSR 10-6.605	Conservation Commission		32 MoReg 2136		
3 CSR 10-7.431	Conservation Commission		32 MoReg 1547	This Issue	
			32 MoReg 2136		
3 CSR 10-7.438	Conservation Commission		32 MoReg 1548	This Issue	
3 CSR 10-7.445	Conservation Commission		32 MoReg 2136		
3 CSR 10-7.450	Conservation Commission		32 MoReg 2137		
3 CSR 10-7.455	Conservation Commission				32 MoReg 261
3 CSR 10-8.515	Conservation Commission		32 MoReg 2137		
3 CSR 10-9.110	Conservation Commission		32 MoReg 1548	This Issue	
3 CSR 10-9.353	Conservation Commission		32 MoReg 2137		
3 CSR 10-9.359	Conservation Commission		32 MoReg 2138		
3 CSR 10-10.711	Conservation Commission		32 MoReg 2139		
3 CSR 10-10.720	Conservation Commission		32 MoReg 2139		
3 CSR 10-10.722	Conservation Commission		32 MoReg 2139		
3 CSR 10-10.724	Conservation Commission		32 MoReg 2140		
3 CSR 10-10.725	Conservation Commission		32 MoReg 2140		
3 CSR 10-10.767	Conservation Commission		32 MoReg 2140		
3 CSR 10-11.115	Conservation Commission		32 MoReg 2141		
3 CSR 10-11.120	Conservation Commission		32 MoReg 2142		
3 CSR 10-11.135	Conservation Commission		32 MoReg 2142		
3 CSR 10-11.160	Conservation Commission		32 MoReg 2142		
3 CSR 10-11.165	Conservation Commission		32 MoReg 2143		
3 CSR 10-11.180	Conservation Commission		32 MoReg 2143		
3 CSR 10-11.181	Conservation Commission		32 MoReg 2144		
3 CSR 10-11.186	Conservation Commission		32 MoReg 2144		
3 CSR 10-11.205	Conservation Commission		32 MoReg 2145		
3 CSR 10-11.210	Conservation Commission		32 MoReg 2146		
3 CSR 10-11.215	Conservation Commission		32 MoReg 2146		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
3 CSR 10-12.109	Conservation Commission		32 MoReg 2147		
3 CSR 10-12.110	Conservation Commission		32 MoReg 2148		
3 CSR 10-12.115	Conservation Commission		32 MoReg 1549	This Issue	
3 CSR 10-12.125	Conservation Commission		32 MoReg 2148		
3 CSR 10-12.130	Conservation Commission		32 MoReg 1549	This Issue	
			32 MoReg 2149		
3 CSR 10-12.145	Conservation Commission		32 MoReg 1549	This Issue	
3 CSR 10-12.150	Conservation Commission		32 MoReg 2149		
3 CSR 10-20.805	Conservation Commission		32 MoReg 2149		
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 240-3.162	Public Service Commission		This Issue		
4 CSR 240-3.570	Public Service Commission		32 MoReg 1910		
4 CSR 240-20.091	Public Service Commission		This Issue		
4 CSR 240-23.020	Public Service Commission		32 MoReg 1096		
4 CSR 240-23.030	Public Service Commission		32 MoReg 1104		
4 CSR 240-40.020	Public Service Commission		32 MoReg 2219		
4 CSR 240-40.030	Public Service Commission		32 MoReg 2221		
4 CSR 240-40.080	Public Service Commission		32 MoReg 2239		
4 CSR 240-123.010	Public Service Commission		32 MoReg 2240		
4 CSR 240-123.020	Public Service Commission		32 MoReg 2240		
4 CSR 240-123.030	Public Service Commission		32 MoReg 2241		
4 CSR 240-123.040	Public Service Commission		32 MoReg 2241		
4 CSR 240-123.050	Public Service Commission		32 MoReg 2244		
4 CSR 240-123.065	Public Service Commission		32 MoReg 2244		
4 CSR 240-123.080	Public Service Commission		32 MoReg 2244		
4 CSR 265-2.060	Division of Motor Carrier and Railroad Safety <i>(Moving to 7 CSR 265-10.015)</i>	32 MoReg 2011	32 MoReg 2043		
4 CSR 265-6.020	Division of Motor Carrier and Railroad Safety	32 MoReg 2014R	32 MoReg 2046R		
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 50-500.010	Division of School Improvement		32 MoReg 2046		
5 CSR 70-742.140	Special Education				32 MoReg 2094
5 CSR 80-800.200	Teacher Quality and Urban Education		32 MoReg 759	32 MoReg 2091	32 MoReg 2094
5 CSR 80-800.220	Teacher Quality and Urban Education		32 MoReg 759	32 MoReg 2091	32 MoReg 2094
5 CSR 80-800.230	Teacher Quality and Urban Education		32 MoReg 760	32 MoReg 2091	32 MoReg 2094
5 CSR 80-800.260	Teacher Quality and Urban Education		32 MoReg 760	32 MoReg 2092	32 MoReg 2095
5 CSR 80-800.270	Teacher Quality and Urban Education		32 MoReg 761	32 MoReg 2092	32 MoReg 2095
5 CSR 80-800.280	Teacher Quality and Urban Education		32 MoReg 761	32 MoReg 2092	32 MoReg 2095
5 CSR 80-800.290	Teacher Quality and Urban Education				32 MoReg 2095
5 CSR 80-800.350	Teacher Quality and Urban Education		32 MoReg 761	32 MoReg 2092	32 MoReg 2096
5 CSR 80-800.360	Teacher Quality and Urban Education		32 MoReg 762	32 MoReg 2092	32 MoReg 2096
5 CSR 80-800.380	Teacher Quality and Urban Education		32 MoReg 762	32 MoReg 2092	32 MoReg 2096
DEPARTMENT OF HIGHER EDUCATION					
6 CSR 10-2.140	Commissioner of Higher Education	32 MoReg 1891	32 MoReg 2245		
6 CSR 10-2.150	Commissioner of Higher Education	32 MoReg 1893	32 MoReg 2247		
6 CSR 10-9.010	Commissioner of Higher Education		This Issue		
DEPARTMENT OF TRANSPORTATION					
7 CSR 10-25.010	Missouri Highways and Transportation Commission				32 MoReg 1858 32 MoReg 2183 This Issue
7 CSR 10-25.030	Missouri Highways and Transportation Commission		32 MoReg 1550		
7 CSR 10-25.050	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-2.010)</i>		32 MoReg 1575		
7 CSR 10-25.060	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-6.010)</i>		32 MoReg 1577		
7 CSR 10-25.070	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-7.010)</i>		32 MoReg 1578		
7 CSR 10-25.071	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-7.020)</i>		32 MoReg 1579		
7 CSR 10-25.072	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-7.030)</i>		32 MoReg 1580		
7 CSR 10-25.073	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-7.040)</i>		32 MoReg 1582		
7 CSR 10-25.080	Missouri Highways and Transportation Commission <i>(Changed from 12 CSR 20-5.010)</i>		32 MoReg 1576		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 10-25.090	Missouri Highways and Transportation Commission (<i>Changed from 12 CSR 20-7.060</i>)		32 MoReg 1583		
7 CSR 265-10.015	Motor Carrier and Railroad Safety (<i>Moved from 4 CSR 265-2.060</i>)	32 MoReg 2011	32 MoReg 2043		
7 CSR 265-10.050	Motor Carrier and Railroad Safety	32 MoReg 2015	32 MoReg 2049		
7 CSR 265-10.080	Motor Carrier and Railroad Safety	32 MoReg 2018	32 MoReg 2051		
7 CSR 265-10.120	Motor Carrier and Railroad Safety	32 MoReg 2022	32 MoReg 2054		
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 10-6.010	Division of Employment Security		32 MoReg 2056		
8 CSR 30-5.010	Division of Labor Standards	32 MoReg 1463	32 MoReg 1466		
8 CSR 30-5.020	Division of Labor Standards	32 MoReg 1464	32 MoReg 1468		
8 CSR 30-5.030	Division of Labor Standards	32 MoReg 1465	32 MoReg 1472		
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-2.100	Air Conservation Commission		32 MoReg 1115R	This IssueR	
10 CSR 10-2.210	Air Conservation Commission		32 MoReg 1175		
10 CSR 10-3.030	Air Conservation Commission		32 MoReg 1115R	This IssueR	
10 CSR 10-4.090	Air Conservation Commission		32 MoReg 1115R	This IssueR	
10 CSR 10-5.070	Air Conservation Commission		32 MoReg 1116R	This IssueR	
10 CSR 10-6.045	Air Conservation Commission		32 MoReg 1116	This Issue	
10 CSR 10-6.110	Air Conservation Commission		32 MoReg 976	32 MoReg 2153	
10 CSR 10-6.241	Air Conservation Commission		32 MoReg 1118	This Issue	
10 CSR 10-6.250	Air Conservation Commission		32 MoReg 1119	This Issue	
10 CSR 10-6.260	Air Conservation Commission		32 MoReg 1180		
10 CSR 25-2.020	Hazardous Waste Management Commission		32 MoReg 640	32 MoReg 2157	
10 CSR 70-1.010	Soil and Water Districts Commission		32 MoReg 2150		
10 CSR 70-5.010	Soil and Water Districts Commission		32 MoReg 2150		
10 CSR 140-6.010	Division of Energy		32 MoReg 696	32 MoReg 1495	
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 10-3.015	Adjutant General		32 MoReg 1182	32 MoReg 2282	
11 CSR 40-5.110	Division of Fire Safety		32 MoReg 841	32 MoReg 1967	
11 CSR 50-2.400	Missouri State Highway Patrol		32 MoReg 1122R	32 MoReg 2158R	
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12 CSR 10-3.184	Director of Revenue		32 MoReg 1555R		
12 CSR 10-3.466	Director of Revenue		32 MoReg 1556R		
12 CSR 10-3.468	Director of Revenue		32 MoReg 1556R		
12 CSR 10-6.100	Director of Revenue	32 MoReg 1535	32 MoReg 1556		
12 CSR 10-22.010	Director of Revenue		32 MoReg 1559R		
12 CSR 10-22.020	Director of Revenue		32 MoReg 1559R		
12 CSR 10-23.170	Director of Revenue		32 MoReg 1031R	32 MoReg 2093R	
12 CSR 10-23.220	Director of Revenue		32 MoReg 1031R	32 MoReg 2093R	
12 CSR 10-23.285	Director of Revenue		32 MoReg 1031R	32 MoReg 2093R	
12 CSR 10-23.295	Director of Revenue		32 MoReg 1031	32 MoReg 2093	
12 CSR 10-23.365	Director of Revenue	32 MoReg 1536R	32 MoReg 1559R		
12 CSR 10-23.415	Director of Revenue		32 MoReg 1033R	32 MoReg 2093R	
12 CSR 10-23.460	Director of Revenue		32 MoReg 1033R	32 MoReg 2093R	
12 CSR 10-24.444	Director of Revenue		32 MoReg 1559		
12 CSR 10-26.200	Director of Revenue		32 MoReg 1560		
12 CSR 10-41.010	Director of Revenue	This Issue	This Issue		
12 CSR 10-103.380	Director of Revenue	32 MoReg 1536	32 MoReg 1560		
12 CSR 10-103.381	Director of Revenue	32 MoReg 1537	32 MoReg 1561		
12 CSR 10-103.400	Director of Revenue	32 MoReg 1537	32 MoReg 1561		
12 CSR 10-103.555	Director of Revenue	32 MoReg 1537	32 MoReg 1562		
12 CSR 10-108.100	Director of Revenue		32 MoReg 1563		
12 CSR 10-110.200	Director of Revenue	32 MoReg 1539	32 MoReg 1567		
12 CSR 10-110.201	Director of Revenue	32 MoReg 1539	32 MoReg 1567		
12 CSR 10-110.210	Director of Revenue	32 MoReg 1540	32 MoReg 1568		
12 CSR 10-110.300	Director of Revenue	32 MoReg 1540	32 MoReg 1568		
12 CSR 10-110.600	Director of Revenue	32 MoReg 1541	32 MoReg 1569		
12 CSR 10-110.601	Director of Revenue	32 MoReg 1542	32 MoReg 1570		
12 CSR 10-110.621	Director of Revenue	32 MoReg 2215	32 MoReg 2248		
12 CSR 10-111.010	Director of Revenue		32 MoReg 1571		
12 CSR 10-111.011	Director of Revenue	32 MoReg 1543	32 MoReg 1571		
12 CSR 10-111.061	Director of Revenue	32 MoReg 1544	32 MoReg 1572		
12 CSR 10-111.100	Director of Revenue	32 MoReg 1545	32 MoReg 1573		
12 CSR 10-111.101	Director of Revenue	32 MoReg 1545	32 MoReg 1573		
12 CSR 10-112.010	Director of Revenue	32 MoReg 1546	32 MoReg 1574		
12 CSR 10-400.250	Director of Revenue		32 MoReg 1574		
12 CSR 20-1.010	Director of Revenue		32 MoReg 1575R		
12 CSR 20-2.010	Director of Revenue (<i>Changed to 7 CSR 10-25.050</i>)		32 MoReg 1575		
12 CSR 20-4.010	Director of Revenue		32 MoReg 1576R		
12 CSR 20-5.010	Director of Revenue (<i>Changed to 7 CSR 10-25.080</i>)		32 MoReg 1576		

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12 CSR 20-6.010	Director of Revenue <i>Changed to 7 CSR 10-25.060)</i>		32 MoReg 1577		
12 CSR 20-7.010	Director of Revenue <i>Changed to 7 CSR 10-25.070)</i>		32 MoReg 1578		
12 CSR 20-7.020	Director of Revenue <i>Changed to 7 CSR 10-25.071)</i>		32 MoReg 1579		
12 CSR 20-7.030	Director of Revenue <i>Changed to 7 CSR 10-25.072)</i>		32 MoReg 1580		
12 CSR 20-7.040	Director of Revenue <i>Changed to 7 CSR 10-25.073)</i>		32 MoReg 1582		
12 CSR 20-7.050	Director of Revenue		32 MoReg 1582R		
12 CSR 20-7.060	Director of Revenue <i>Changed to 7 CSR 10-25.090)</i>		32 MoReg 1583		
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13 CSR 35-31.025	Children's Division		32 MoReg 2150		
13 CSR 35-32.010	Children's Division		32 MoReg 1122	32 MoReg 2158	
13 CSR 40-2.370	Family Support Division		32 MoReg 1033	32 MoReg 2282	
13 CSR 40-31.025	Family Support Division		32 MoReg 2152R		
13 CSR 40-32.010	Family Support Division	32 MoReg 693	32 MoReg 1123R	32 MoReg 2158R	
13 CSR 40-110.030	Family Support Division		32 MoReg 1912		
13 CSR 70-1.020	Division of Medical Services		32 MoReg 2250		
13 CSR 70-3.030	Division of Medical Services		32 MoReg 1914		
13 CSR 70-3.170	Division of Medical Services	32 MoReg 1167	32 MoReg 1183	This Issue	
13 CSR 70-4.030	Division of Medical Services		32 MoReg 2251		
13 CSR 70-4.040	Division of Medical Services		32 MoReg 2251		
13 CSR 70-4.080	Division of Medical Services		32 MoReg 2061		
13 CSR 70-6.010	Division of Medical Services		32 MoReg 1918		
13 CSR 70-10.015	Division of Medical Services		32 MoReg 700	32 MoReg 1967	
		32 MoReg 2025			
13 CSR 70-10.030	Division of Medical Services	32 MoReg 1168	32 MoReg 1186	This Issue	
13 CSR 70-10.060	Division of Medical Services		32 MoReg 1583		
13 CSR 70-10.080	Division of Medical Services		32 MoReg 716	32 MoReg 1974	
		32 MoReg 2026			
13 CSR 70-15.030	Division of Medical Services		32 MoReg 1396		
13 CSR 70-15.110	Division of Medical Services	32 MoReg 1169	32 MoReg 1189	This Issue	
13 CSR 70-15.180	Division of Medical Services	32 MoReg 1087			
13 CSR 70-98.015	Division of Medical Services		This Issue		
13 CSR 70-98.020	Division of Medical Services		This Issue		
13 CSR 70-99.010	Division of Medical Services		This Issue		
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14 CSR 80-1.010	State Board of Probation and Parole		32 MoReg 2064		
14 CSR 80-2.010	State Board of Probation and Parole		32 MoReg 2064R		
			32 MoReg 2064		
14 CSR 80-2.020	State Board of Probation and Parole		32 MoReg 2066R		
			32 MoReg 2066		
14 CSR 80-2.030	State Board of Probation and Parole		32 MoReg 2067R		
			32 MoReg 2067		
14 CSR 80-2.040	State Board of Probation and Parole		32 MoReg 2068R		
14 CSR 80-2.050	State Board of Probation and Parole		32 MoReg 2068R		
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15 CSR 30-52.030	Secretary of State		32 MoReg 1123		
15 CSR 30-70.010	Secretary of State	32 MoReg 1894	32 MoReg 1920		
15 CSR 30-70.020	Secretary of State	32 MoReg 1895	32 MoReg 1921		
15 CSR 30-70.030	Secretary of State	32 MoReg 1896	32 MoReg 1922		
15 CSR 30-70.040	Secretary of State	32 MoReg 1897	32 MoReg 1922		
15 CSR 30-70.050	Secretary of State	32 MoReg 1897	32 MoReg 1923		
15 CSR 30-70.060	Secretary of State	32 MoReg 1898	32 MoReg 1923		
15 CSR 30-70.070	Secretary of State	32 MoReg 1898	32 MoReg 1924		
15 CSR 30-70.080	Secretary of State	32 MoReg 1899	32 MoReg 1924		
15 CSR 30-70.090	Secretary of State	32 MoReg 1900	32 MoReg 1925		
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16 CSR 50-2.010	The County Employees' Retirement Fund		32 MoReg 2068		
16 CSR 50-2.090	The County Employees' Retirement Fund		32 MoReg 2069		
16 CSR 50-2.120	The County Employees' Retirement Fund		32 MoReg 2069		
16 CSR 50-10.030	The County Employees' Retirement Fund		32 MoReg 2069		
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17 CSR 20-2.025	St. Louis Board of Police Commissioners		32 MoReg 1472		
17 CSR 20-2.035	St. Louis Board of Police Commissioners		32 MoReg 1473		
17 CSR 20-2.075	St. Louis Board of Police Commissioners		32 MoReg 1473		
17 CSR 20-2.085	St. Louis Board of Police Commissioners		32 MoReg 1474		
17 CSR 20-2.105	St. Louis Board of Police Commissioners		32 MoReg 1474		
17 CSR 20-2.125	St. Louis Board of Police Commissioners		32 MoReg 1475		
17 CSR 20-2.135	St. Louis Board of Police Commissioners		32 MoReg 1476		

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19 CSR 20-20.050	Division of Community and Public Health	32 MoReg 1089	32 MoReg 1125	This Issue	
19 CSR 25-36.010	Division of Administration		32 MoReg 1125		
19 CSR 30-20.021	Division of Regulation and Licensure		32 MoReg 1191R		32 MoReg 1427
19 CSR 30-20.080	Division of Regulation and Licensure		32 MoReg 1191		
19 CSR 30-20.082	Division of Regulation and Licensure		32 MoReg 1197		
19 CSR 30-20.084	Division of Regulation and Licensure		32 MoReg 1202		
19 CSR 30-20.086	Division of Regulation and Licensure		32 MoReg 1202		
19 CSR 30-20.088	Division of Regulation and Licensure		32 MoReg 1208		
19 CSR 30-20.090	Division of Regulation and Licensure		32 MoReg 1213		
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19 CSR 30-20.104	Division of Regulation and Licensure		32 MoReg 1254		
19 CSR 30-20.106	Division of Regulation and Licensure		32 MoReg 1259		
19 CSR 30-20.108	Division of Regulation and Licensure		32 MoReg 1259		
19 CSR 30-20.110	Division of Regulation and Licensure		32 MoReg 1264		
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19 CSR 30-20.120	Division of Regulation and Licensure		32 MoReg 1291		
19 CSR 30-20.122	Division of Regulation and Licensure		32 MoReg 1294		
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19 CSR 30-20.130	Division of Regulation and Licensure		32 MoReg 1306		
19 CSR 30-20.132	Division of Regulation and Licensure		32 MoReg 1309		
19 CSR 30-20.134	Division of Regulation and Licensure		32 MoReg 1312		
19 CSR 30-20.136	Division of Regulation and Licensure		32 MoReg 1315		
19 CSR 30-20.138	Division of Regulation and Licensure		32 MoReg 1318		
19 CSR 30-20.140	Division of Regulation and Licensure		32 MoReg 1321		
19 CSR 30-20.142	Division of Regulation and Licensure		32 MoReg 1324		
19 CSR 30-35.010	Division of Regulation and Licensure		32 MoReg 2070		
19 CSR 30-35.020	Division of Regulation and Licensure		32 MoReg 2072		
19 CSR 40-7.040	Division of Maternal, Child and Family Health	32 MoReg 2028	This Issue		
19 CSR 40-7.050	Division of Maternal, Child and Family Health	32 MoReg 2028	This Issue		
19 CSR 40-7.060	Division of Maternal, Child and Family Health	32 MoReg 2029	This Issue		
19 CSR 40-10.010	Division of Maternal, Child and Family Health	32 MoReg 2030 This IssueT This Issue	This Issue		
19 CSR 60-50	Missouri Health Facilities Review Committee				32 MoReg 1507 32 MoReg 1977 32 MoReg 2184
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20 CSR	Construction Claims Binding Arbitration Cap				32 MoReg 667
20 CSR	Medical Malpractice				30 MoReg 481 31 MoReg 616 32 MoReg 545
20 CSR	Sovereign Immunity Limits				30 MoReg 108 30 MoReg 2587 31 MoReg 2019 32 MoReg 668
20 CSR	State Legal Expense Fund Cap				
20 CSR 10-1.010	General Administration		32 MoReg 2252		
20 CSR 10-1.020	General Administration		32 MoReg 2255R		
20 CSR 10-2.100	General Administration		32 MoReg 2255		
20 CSR 10-2.200	General Administration		32 MoReg 2256		
20 CSR 10-2.300	General Administration		32 MoReg 2256		
20 CSR 10-2.400	General Administration		32 MoReg 2257		
20 CSR 10-2.500	General Administration		32 MoReg 2260		
20 CSR 10-3.100	General Administration		32 MoReg 2260		
20 CSR 10-3.200	General Administration		32 MoReg 2261		
20 CSR 10-3.300	General Administration		32 MoReg 2261		
20 CSR 10-3.900	General Administration		32 MoReg 2262		
20 CSR 10-4.100	General Administration		32 MoReg 2262		
20 CSR 10-4.200	General Administration		32 MoReg 2263		
20 CSR 10-4.300	General Administration		32 MoReg 2264		
20 CSR 10-4.400	General Administration		32 MoReg 2265		
20 CSR 10-4.500	General Administration		32 MoReg 2265		
20 CSR 100-1.010	Division of Consumer Affairs		This Issue		
20 CSR 100-1.020	Division of Consumer Affairs		This Issue		

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20 CSR 100-1.050	Division of Consumer Affairs		This Issue		
20 CSR 100-1.100	Division of Consumer Affairs		This Issue		
20 CSR 100-1.200	Division of Consumer Affairs		This Issue		
20 CSR 100-2.100	Division of Consumer Affairs		This Issue		
20 CSR 100-2.200	Division of Consumer Affairs		This Issue		
20 CSR 100-2.300	Division of Consumer Affairs		This IssueR		
20 CSR 100-3.100	Division of Consumer Affairs		This Issue		
20 CSR 100-4.010	Division of Consumer Affairs		This Issue		
20 CSR 100-4.020	Division of Consumer Affairs		This Issue		
20 CSR 100-4.030	Division of Consumer Affairs		This Issue		
20 CSR 100-4.100	Division of Consumer Affairs		This Issue		
20 CSR 100-5.010	Division of Consumer Affairs		This Issue		
20 CSR 100-5.020	Division of Consumer Affairs		This Issue		
20 CSR 100-6.100	Division of Consumer Affairs		This Issue		
20 CSR 100-7.010	Division of Consumer Affairs		This Issue		
20 CSR 100-8.010	Division of Consumer Affairs		This Issue		
20 CSR 100-8.020	Division of Consumer Affairs		This Issue		
20 CSR 100-8.040	Division of Consumer Affairs		This Issue		
20 CSR 200-19.020	Insurance Solvency and Company Regulation		This Issue		
20 CSR 200-19.050	Insurance Solvency and Company Regulation		This Issue		
20 CSR 200-19.060	Insurance Solvency and Company Regulation		This Issue		
20 CSR 400-2.065	Life, Annuities and Health		This Issue		
20 CSR 500-5.020	Property and Casualty		32 MoReg 1397		
20 CSR 500-5.025	Property and Casualty		32 MoReg 1407		
20 CSR 500-5.026	Property and Casualty		32 MoReg 1407		
20 CSR 500-5.027	Property and Casualty		32 MoReg 1408		
20 CSR 600-1.030	Statistical Reporting	32 MoReg 1023	32 MoReg 1034		
20 CSR 700-6.350	Licensing		31 MoReg 931		
20 CSR 800-1.010	Administrative Procedures under the Insurance Laws		32 MoReg 2074		
20 CSR 800-1.020	Administrative Procedures under the Insurance Laws		32 MoReg 2074		
20 CSR 800-1.030	Administrative Procedures under the Insurance Laws		32 MoReg 2075		
20 CSR 800-1.040	Administrative Procedures under the Insurance Laws		32 MoReg 2076		
20 CSR 800-1.050	Administrative Procedures under the Insurance Laws		32 MoReg 2077		
20 CSR 800-1.060	Administrative Procedures under the Insurance Laws		32 MoReg 2078		
20 CSR 800-1.070	Administrative Procedures under the Insurance Laws		32 MoReg 2078		
20 CSR 800-1.080	Administrative Procedures under the Insurance Laws		32 MoReg 2079		
20 CSR 800-1.090	Administrative Procedures under the Insurance Laws		32 MoReg 2080		
20 CSR 800-1.100	General Counsel		32 MoReg 2080		
20 CSR 800-1.110	Administrative Procedures under the Insurance Laws		32 MoReg 2084		
20 CSR 800-1.120	Administrative Procedures under the Insurance Laws		32 MoReg 2085		
20 CSR 800-1.130	Administrative Procedures under the Insurance Laws		32 MoReg 2085		
20 CSR 800-1.140	Administrative Procedures under the Insurance Laws		32 MoReg 2086		
20 CSR 800-2.010	General Counsel		32 MoReg 2086		
20 CSR 800-3.010	Administrative Procedures under the Insurance Laws		32 MoReg 2087		
20 CSR 800-3.020	Administrative Procedures under the Insurance Laws		32 MoReg 2088		
20 CSR 800-3.040	Administrative Procedures under the Insurance Laws		32 MoReg 2089		
20 CSR 2030-2.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129	32 MoReg 2158	
20 CSR 2030-2.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129	32 MoReg 2159	
20 CSR 2030-4.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1129	32 MoReg 2159	
20 CSR 2030-4.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1130	32 MoReg 2159	
20 CSR 2030-5.110	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131	32 MoReg 2159	
20 CSR 2030-8.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131	32 MoReg 2160	
20 CSR 2030-10.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1131	32 MoReg 2160	
20 CSR 2030-11.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1132	32 MoReg 2160	
20 CSR 2030-11.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1132	32 MoReg 2160	
20 CSR 2030-16.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1133	32 MoReg 2160	
20 CSR 2030-16.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1133	32 MoReg 2161	
20 CSR 2030-17.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134	32 MoReg 2161	
20 CSR 2030-17.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134	32 MoReg 2161	
20 CSR 2030-18.070	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		32 MoReg 1134	32 MoReg 2161	
20 CSR 2045-1.010	Athlete Agents		32 MoReg 1926		
20 CSR 2060-1.010	State Board of Barber Examiners		32 MoReg 1586R		
20 CSR 2060-1.015	State Board of Barber Examiners		32 MoReg 1586R		
20 CSR 2060-1.025	State Board of Barber Examiners		32 MoReg 1324R	32 MoReg 2284R	

[illegible]

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20 CSR 2085-13.080	Board of Cosmetology and Barber Examiners		32 MoReg 1825		
20 CSR 2085-13.090	Board of Cosmetology and Barber Examiners		32 MoReg 1828		
20 CSR 2085-13.100	Board of Cosmetology and Barber Examiners		32 MoReg 1831		
20 CSR 2085-14.010	Board of Cosmetology and Barber Examiners		32 MoReg 1834		
20 CSR 2085-14.020	Board of Cosmetology and Barber Examiners		32 MoReg 1837		
20 CSR 2090-1.010	State Board of Cosmetology		32 MoReg 1840R		
20 CSR 2090-2.010	State Board of Cosmetology		32 MoReg 1840R		
20 CSR 2090-2.020	State Board of Cosmetology		32 MoReg 1840R		
20 CSR 2090-2.030	State Board of Cosmetology		32 MoReg 1840R		
20 CSR 2090-3.010	State Board of Cosmetology		32 MoReg 1841R		
20 CSR 2090-4.010	State Board of Cosmetology		32 MoReg 1841R		
20 CSR 2090-4.020	State Board of Cosmetology		32 MoReg 1841R		
20 CSR 2090-5.010	State Board of Cosmetology		32 MoReg 1842R		
20 CSR 2090-7.010	State Board of Cosmetology		32 MoReg 1842R		
20 CSR 2090-8.010	State Board of Cosmetology		32 MoReg 1842R		
20 CSR 2090-9.010	State Board of Cosmetology		32 MoReg 1842R		
20 CSR 2090-10.010	State Board of Cosmetology		32 MoReg 1843R		
20 CSR 2090-11.010	State Board of Cosmetology		32 MoReg 1843R		
20 CSR 2090-11.020	State Board of Cosmetology		32 MoReg 1843R		
20 CSR 2090-12.010	State Board of Cosmetology		32 MoReg 1844R		
20 CSR 2090-12.020	State Board of Cosmetology		32 MoReg 1844R		
20 CSR 2090-12.040	State Board of Cosmetology		32 MoReg 1844R		
20 CSR 2090-12.050	State Board of Cosmetology		32 MoReg 1844R		
20 CSR 2090-12.060	State Board of Cosmetology		32 MoReg 1845R		
20 CSR 2090-12.070	State Board of Cosmetology		32 MoReg 1845R		
20 CSR 2090-12.080	State Board of Cosmetology		32 MoReg 1845R		
20 CSR 2090-12.090	State Board of Cosmetology		32 MoReg 1846R		
20 CSR 2090-12.100	State Board of Cosmetology		32 MoReg 1846R		
20 CSR 2090-13.010	State Board of Cosmetology		32 MoReg 1347R	32 MoReg 2285R	
20 CSR 2090-13.020	State Board of Cosmetology		32 MoReg 1846R		
20 CSR 2090-13.030	State Board of Cosmetology		32 MoReg 1846R		
20 CSR 2090-13.040	State Board of Cosmetology		32 MoReg 1847R		
20 CSR 2090-13.050	State Board of Cosmetology		32 MoReg 1847R		
20 CSR 2090-13.060	State Board of Cosmetology		32 MoReg 1847R		
20 CSR 2090-13.070	State Board of Cosmetology		32 MoReg 1847R		
20 CSR 2090-14.010	State Board of Cosmetology		32 MoReg 1848R		
20 CSR 2110-2.070	Missouri Dental Board		32 MoReg 1408	This Issue	
20 CSR 2110-2.071	Missouri Dental Board		32 MoReg 1409	This Issue	
20 CSR 2110-2.130	Missouri Dental Board		32 MoReg 1929		
20 CSR 2110-2.161	Missouri Dental Board		32 MoReg 1929R		
20 CSR 2110-2.162	Missouri Dental Board		32 MoReg 1929R		
20 CSR 2110-2.190	Missouri Dental Board		32 MoReg 988	32 MoReg 1976	
20 CSR 2110-2.210	Missouri Dental Board		32 MoReg 988	32 MoReg 1976	
20 CSR 2150-2.001	State Board of Registration for the Healing Arts		32 MoReg 1409	This Issue	
20 CSR 2150-3.010	State Board of Registration for the Healing Arts		32 MoReg 1347	32 MoReg 2285	
20 CSR 2150-3.020	State Board of Registration for the Healing Arts		32 MoReg 1410	This Issue	
20 CSR 2150-3.090	State Board of Registration for the Healing Arts		32 MoReg 1410	This Issue	
20 CSR 2150-4.052	State Board of Registration for the Healing Arts		32 MoReg 1347	32 MoReg 2285	
20 CSR 2150-4.200	State Board of Registration for the Healing Arts		32 MoReg 1411R	This IssueR	
20 CSR 2150-4.205	State Board of Registration for the Healing Arts		32 MoReg 1411	This Issue	
20 CSR 2150-5.025	State Board of Registration for the Healing Arts	This Issue	This Issue		
20 CSR 2150-6.020	State Board of Registration for the Healing Arts		32 MoReg 1348	32 MoReg 2285	
20 CSR 2150-6.025	State Board of Registration for the Healing Arts		32 MoReg 2089R		
20 CSR 2150-7.135	State Board of Registration for the Healing Arts	This Issue	This Issue		
20 CSR 2150-7.136	State Board of Registration for the Healing Arts	This Issue	This Issue		
20 CSR 2150-7.137	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2150-7.140	State Board of Registration for the Healing Arts		This Issue		
20 CSR 2150-9.050	State Board of Registration for the Healing Arts		32 MoReg 1349	32 MoReg 2285	
20 CSR 2197-1.040	Board of Therapeutic Massage		32 MoReg 1929		
20 CSR 2197-2.010	Board of Therapeutic Massage		32 MoReg 1934		
20 CSR 2197-2.020	Board of Therapeutic Massage		32 MoReg 1940		
20 CSR 2197-2.030	Board of Therapeutic Massage		32 MoReg 1942R		
			32 MoReg 1942		
20 CSR 2197-2.040	Board of Therapeutic Massage		32 MoReg 1946R		
			32 MoReg 1946		
20 CSR 2197-2.050	Board of Therapeutic Massage		32 MoReg 1950		
20 CSR 2197-3.005	Board of Therapeutic Massage		32 MoReg 1950		
20 CSR 2197-3.010	Board of Therapeutic Massage		32 MoReg 1950R		
			32 MoReg 1951		
20 CSR 2197-4.010	Board of Therapeutic Massage		32 MoReg 1955		
20 CSR 2197-4.020	Board of Therapeutic Massage		32 MoReg 1957R		
20 CSR 2197-5.010	Board of Therapeutic Massage		32 MoReg 1957		
20 CSR 2197-5.020	Board of Therapeutic Massage		32 MoReg 1957		
20 CSR 2197-5.030	Board of Therapeutic Massage		32 MoReg 1958		
20 CSR 2197-5.040	Board of Therapeutic Massage		32 MoReg 1958		
20 CSR 2200-2.001	State Board of Nursing		32 MoReg 843R	32 MoReg 2161R	
			32 MoReg 843	32 MoReg 2162	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2200-2.010	State Board of Nursing		32 MoReg 844R 32 MoReg 844	32 MoReg 2162R 32 MoReg 2163	
20 CSR 2200-2.020	State Board of Nursing		32 MoReg 853R 32 MoReg 853	32 MoReg 2164R 32 MoReg 2164	
20 CSR 2200-2.030	State Board of Nursing		32 MoReg 853R 32 MoReg 854	32 MoReg 2164R 32 MoReg 2165	
20 CSR 2200-2.035	State Board of Nursing		32 MoReg 854R 32 MoReg 854	32 MoReg 2165R 32 MoReg 2165	
20 CSR 2200-2.040	State Board of Nursing		32 MoReg 855R 32 MoReg 855	32 MoReg 2165R 32 MoReg 2165	
20 CSR 2200-2.050	State Board of Nursing		32 MoReg 859R 32 MoReg 859	32 MoReg 2166R 32 MoReg 2166	
20 CSR 2200-2.060	State Board of Nursing		32 MoReg 861R 32 MoReg 861	32 MoReg 2166R 32 MoReg 2166	
20 CSR 2200-2.070	State Board of Nursing		32 MoReg 864R 32 MoReg 864	32 MoReg 2167R 32 MoReg 2167	
20 CSR 2200-2.080	State Board of Nursing		32 MoReg 866R 32 MoReg 866	32 MoReg 2168R 32 MoReg 2168	
20 CSR 2200-2.085	State Board of Nursing		32 MoReg 866R 32 MoReg 867	32 MoReg 2168R 32 MoReg 2169	
20 CSR 2200-2.090	State Board of Nursing		32 MoReg 867R 32 MoReg 867	32 MoReg 2169R 32 MoReg 2169	
20 CSR 2200-2.100	State Board of Nursing		32 MoReg 868R 32 MoReg 868	32 MoReg 2169R 32 MoReg 2169	
20 CSR 2200-2.110	State Board of Nursing		32 MoReg 869R 32 MoReg 869	32 MoReg 2170R 32 MoReg 2170	
20 CSR 2200-2.120	State Board of Nursing		32 MoReg 872R 32 MoReg 872	32 MoReg 2171R 32 MoReg 2171	
20 CSR 2200-2.130	State Board of Nursing		32 MoReg 872R 32 MoReg 873	32 MoReg 2171R 32 MoReg 2171	
20 CSR 2200-2.180	State Board of Nursing		32 MoReg 873R 32 MoReg 873	32 MoReg 2171R 32 MoReg 2172	
20 CSR 2200-3.001	State Board of Nursing		32 MoReg 877R 32 MoReg 877	32 MoReg 2172R 32 MoReg 2172	
20 CSR 2200-3.010	State Board of Nursing		32 MoReg 878R 32 MoReg 878	32 MoReg 2173R 32 MoReg 2173	
20 CSR 2200-3.020	State Board of Nursing		32 MoReg 887R 32 MoReg 887	32 MoReg 2175R 32 MoReg 2175	
20 CSR 2200-3.030	State Board of Nursing		32 MoReg 887R 32 MoReg 888	32 MoReg 2175R 32 MoReg 2175	
20 CSR 2200-3.035	State Board of Nursing		32 MoReg 888R 32 MoReg 888	32 MoReg 2175R 32 MoReg 2176	
20 CSR 2200-3.040	State Board of Nursing		32 MoReg 889R 32 MoReg 889	32 MoReg 2176R 32 MoReg 2176	
20 CSR 2200-3.050	State Board of Nursing		32 MoReg 893R 32 MoReg 893	32 MoReg 2176R 32 MoReg 2177	
20 CSR 2200-3.060	State Board of Nursing		32 MoReg 895R 32 MoReg 895	32 MoReg 2177R 32 MoReg 2177	
20 CSR 2200-3.070	State Board of Nursing		32 MoReg 898R 32 MoReg 898	32 MoReg 2177R 32 MoReg 2178	
20 CSR 2200-3.080	State Board of Nursing		32 MoReg 900R 32 MoReg 900	32 MoReg 2178R 32 MoReg 2178	
20 CSR 2200-3.085	State Board of Nursing		32 MoReg 900R 32 MoReg 901	32 MoReg 2179R 32 MoReg 2179	
20 CSR 2200-3.090	State Board of Nursing		32 MoReg 901R 32 MoReg 901	32 MoReg 2179R 32 MoReg 2180	
20 CSR 2200-3.100	State Board of Nursing		32 MoReg 902R 32 MoReg 902	32 MoReg 2180R 32 MoReg 2180	
20 CSR 2200-3.110	State Board of Nursing		32 MoReg 903R 32 MoReg 903	32 MoReg 2181R 32 MoReg 2181	
20 CSR 2200-3.120	State Board of Nursing		32 MoReg 906R 32 MoReg 906	32 MoReg 2181R 32 MoReg 2181	
20 CSR 2200-3.130	State Board of Nursing		32 MoReg 906R 32 MoReg 907	32 MoReg 2181R 32 MoReg 2182	
20 CSR 2200-3.180	State Board of Nursing		32 MoReg 907R 32 MoReg 907	32 MoReg 2182R 32 MoReg 2182	
20 CSR 2200-4.010	State Board of Nursing		32 MoReg 1959		
20 CSR 2200-4.020	State Board of Nursing		32 MoReg 988	32 MoReg 1976	
20 CSR 2200-6.030	State Board of Nursing		This Issue		
20 CSR 2200-6.050	State Board of Nursing		This Issue		
20 CSR 2210-2.030	State Board of Optometry		32 MoReg 1135	32 MoReg 2182	
20 CSR 2220-6.050	State Board of Pharmacy	This Issue			
20 CSR 2230-1.010	State Board of Podiatric Medicine		32 MoReg 1412	This Issue	
20 CSR 2230-1.020	State Board of Podiatric Medicine		32 MoReg 1412	This Issue	
20 CSR 2230-2.010	State Board of Podiatric Medicine		32 MoReg 1414	This Issue	
20 CSR 2230-2.020	State Board of Podiatric Medicine		32 MoReg 1416R 32 MoReg 1416	This IssueR This Issue	
20 CSR 2230-2.021	State Board of Podiatric Medicine		32 MoReg 1418	This Issue	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2230-2.023	State Board of Podiatric Medicine		32 MoReg 1418	This Issue	
20 CSR 2230-2.050	State Board of Podiatric Medicine		32 MoReg 1422	This Issue	
20 CSR 2230-2.065	State Board of Podiatric Medicine		32 MoReg 1422	This Issue	
20 CSR 2232-1.040	Missouri State Committee of Interpreters		32 MoReg 1476		
20 CSR 2235-1.015	State Committee of Psychologists		32 MoReg 1963		
20 CSR 2235-2.040	State Committee of Psychologists		32 MoReg 1963		
20 CSR 2245-2.050	Real Estate Appraisers		This Issue		
20 CSR 2245-7.010	Real Estate Appraisers		32 MoReg 1423	This Issue	
20 CSR 2250-1.010	Missouri Real Estate Commission		32 MoReg 2266		
20 CSR 2250-3.010	Missouri Real Estate Commission		32 MoReg 2266		
20 CSR 2250-4.020	Missouri Real Estate Commission		32 MoReg 2267		
20 CSR 2250-4.040	Missouri Real Estate Commission		32 MoReg 2268		
20 CSR 2250-4.050	Missouri Real Estate Commission		32 MoReg 2268		
20 CSR 2250-4.070	Missouri Real Estate Commission		32 MoReg 2269		
20 CSR 2250-4.080	Missouri Real Estate Commission		32 MoReg 2270R		
			32 MoReg 2270		
20 CSR 2250-5.020	Missouri Real Estate Commission		32 MoReg 2274		
20 CSR 2250-7.010	Missouri Real Estate Commission		32 MoReg 2278		
20 CSR 2250-7.080	Missouri Real Estate Commission		32 MoReg 2278		
20 CSR 2250-7.090	Missouri Real Estate Commission		32 MoReg 2278		
20 CSR 2250-8.070	Missouri Real Estate Commission		32 MoReg 2279		
20 CSR 2250-8.090	Missouri Real Estate Commission		32 MoReg 2280		
20 CSR 2250-8.210	Missouri Real Estate Commission		32 MoReg 2280R		
20 CSR 2255-4.010	Missouri Board for Respiratory Care		32 MoReg 1349	32 MoReg 2285	
20 CSR 2263-2.031	State Committee for Social Workers		32 MoReg 2090		
20 CSR 2270-1.021	Missouri Veterinary Medical Board		32 MoReg 1964		
20 CSR 2270-2.021	Missouri Veterinary Medical Board		32 MoReg 992	32 MoReg 1976	
20 CSR 2270-2.031	Missouri Veterinary Medical Board		32 MoReg 992	32 MoReg 1976	
20 CSR 2270-2.052	Missouri Veterinary Medical Board		This Issue		
20 CSR 2270-2.060	Missouri Veterinary Medical Board		This Issue		
20 CSR 2270-2.070	Missouri Veterinary Medical Board		This Issue		
20 CSR 2270-4.011	Missouri Veterinary Medical Board		32 MoReg 993	32 MoReg 1976	
20 CSR 2270-4.060	Missouri Veterinary Medical Board		This Issue		
20 CSR 2270-5.041	Missouri Veterinary Medical Board		This Issue		
20 CSR 2270-6.011	Missouri Veterinary Medical Board		This Issue		

Agency	Publication	Expiration
Department of Economic Development		
Division of Motor Carrier and Railroad Safety		
4 CSR 265-2.060	General Application Requirements for the Issuance and Transfer of Intrastate Motor Carrier Certificates, Permits and Temporary Authority	32 MoReg 2011 March 30, 2008
4 CSR 265-6.020	Freight Tariffs	32 MoReg 2014 March 30, 2008
Department of Higher Education		
Commissioner of Higher Education		
6 CSR 10-2.140	Institutional Eligibility for Student Participation	32 MoReg 1891 March 4, 2008
6 CSR 10-2.150	Student Eligibility for Application Procedures	32 MoReg 1893 March 4, 2008
Department of Transportation		
Motor Carrier Operations		
7 CSR 265-10.050	Tariffs, Time Schedules and Motor Carrier Documentation	32 MoReg 2015 March 30, 2008
7 CSR 265-10.080	Rules Governing the Transportation of Household Goods	32 MoReg 2018 March 30, 2008
7 CSR 265-10.120	Household Goods Tariffs	32 MoReg 2022 March 30, 2008
Department of Labor and Industrial Relations		
Division of Labor Standards		
8 CSR 30-5.010	Filing for Arbitration	32 MoReg 1463 February 28, 2008
8 CSR 30-5.020	Hearings Procedures for Arbitration	32 MoReg 1464 February 28, 2008
8 CSR 30-5.030	Awards by the Arbitrator	32 MoReg 1465 February 28, 2008
Department of Revenue		
Director of Revenue		
12 CSR 10-6.100	Motor Fuel Tax Exemption for Operators of Public Mass Transportation Service	32 MoReg 1535 February 23, 2008
12 CSR 10-23.365	Issuance of Nonresident Salvage-Buyer's Identification Card	32 MoReg 1536 February 23, 2008
12 CSR 10-41.010	Annual Adjusted Rate of Income	This Issue June 28, 2008
12 CSR 10-103.380	Photographers, Photofinishers and Photoengravers, as Defined in Section 144.030, RSMo	32 MoReg 1536 February 23, 2008
12 CSR 10-103.381	Items Used or Consumed by Photographers, Photofinishers and Photoengravers, as Defined in Section 144.054, RSMo	32 MoReg 1537 February 23, 2008
12 CSR 10-103.400	Sales Tax on Vending Machine Sales, as Defined in Section 144.054, RSMo	32 MoReg 1537 February 23, 2008
12 CSR 10-103.555	Determining Taxable Gross Receipts.	32 MoReg 1537 February 23, 2008
12 CSR 10-110.200	Ingredient or Component Part Exemption, as Defined in Section 144.030, RSMo	32 MoReg 1539 February 23, 2008
12 CSR 10-110.201	Materials and Other Goods Used or Consumed in Manufacturing, as Defined in Section 144.054, RSMo	32 MoReg 1539 February 23, 2008
12 CSR 10-110.210	Television and Radio Broadcasters	32 MoReg 1540 February 23, 2008
12 CSR 10-110.300	Common Carriers	32 MoReg 1540 February 23, 2008
12 CSR 10-110.600	Electrical Energy, as Defined in Section 144.030, RSMo	32 MoReg 1541 February 23, 2008
12 CSR 10-110.601	Electrical, Other Energy and Water, as Defined in Section 144.054, RSMo	32 MoReg 1542 February 23, 2008
12 CSR 10-110.621	Application of Sales Tax Exemption, as Defined in Section 144.054, RSMo	32 MoReg 2215 April 16, 2008
12 CSR 10-111.011	Machinery, Equipment, Materials, and Chemicals Used or Consumed in Manufacturing, as Defined in Section 144.054, RSMo	32 MoReg 1543 February 23, 2008
12 CSR 10-111.061	Exempt Items Used or Consumed in Materials Recovery Processing, as Defined in Section 144.054, RSMo	32 MoReg 1544 February 23, 2008
12 CSR 10-111.100	Commercial Printers, as Defined in Section 144.030, RSMo	32 MoReg 1545 February 23, 2008
12 CSR 10-111.101	Items Used or Consumed by Commercial Printers, as Defined in Section 144.054, RSMo	32 MoReg 1545 February 23, 2008
12 CSR 10-112.010	Contractors	32 MoReg 1546 February 23, 2008
Department of Social Services		
Division of Medical Services		
13 CSR 70-3.170	Medicaid Managed Care Organization Reimbursement Allowance.	32 MoReg 1167 December 27, 2007
13 CSR 70-10.015	Prospective Reimbursement Plan for Nursing Facility Services.	32 MoReg 2025 March 28, 2008
13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services	32 MoReg 1168 December 27, 2007

13 CSR 70-10.080	Prospective Reimbursement Plan for HIV Nursing Facility Services . . .	32 MoReg 2026	March 29, 2008
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	32 MoReg 1169	December 27, 2007
13 CSR 70-15.180	Grant to Trauma Hospitals for the Care Provided by Physicians Not Employed by the Hospital	32 MoReg 1087	December 12, 2007

Elected Officials

Secretary of State

15 CSR 30-70.010	Definitions	32 MoReg 1894	February 28, 2008
15 CSR 30-70.020	Application Assistant Training, Registration and Renewal	32 MoReg 1895	February 28, 2008
15 CSR 30-70.030	Program Participant Application and Certification Process	32 MoReg 1896	February 28, 2008
15 CSR 30-70.040	Cancellation of Program Certification	32 MoReg 1897	February 28, 2008
15 CSR 30-70.050	Exercise of Program Participant's Privileges	32 MoReg 1897	February 28, 2008
15 CSR 30-70.060	Service of Process	32 MoReg 1898	February 28, 2008
15 CSR 30-70.070	Program Participant Renewal	32 MoReg 1898	February 28, 2008
15 CSR 30-70.080	Agency Disclosure Request	32 MoReg 1899	February 28, 2008
15 CSR 30-70.090	Disclosure to Law Enforcement	32 MoReg 1900	February 28, 2008

Department of Health and Senior Services

Division of Community and Public Health

19 CSR 20-20.010	Definitions Relating to Communicable, Environmental and Occupational Diseases	32 MoReg 1087	January 1, 2008
19 CSR 20-20.050	Quarantine or Isolation Practices and Closing of Schools and Places of Public and Private Assembly	32 MoReg 1089	January 1, 2008

Division of Maternal, Child and Family Health

19 CSR 40-7.040	Definitions	32 MoReg 2028	March 14, 2008
19 CSR 40-7.050	Program Eligibility	32 MoReg 2028	March 14, 2008
19 CSR 40-7.060	Application Process	32 MoReg 2029	March 14, 2008
19 CSR 40-10.010	Payments for Sexual Assault Forensic Examinations	32 MoReg 2030	Terminated Nov. 3, 2007
19 CSR 40-10.010	Payments for Sexual Assault Forensic Examinations	This Issue	March 13, 2008

Department of Insurance, Financial Institutions and Professional Registration

Statistical Reporting

20 CSR 600-1.030	Medical Malpractice Statistical Data Reporting	32 MoReg 1023	February 28, 2008
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State Board of Registration for the Healing Arts

20 CSR 2150-5.025	Administration of Influenza Vaccines Per Protocol	This Issue	April 30, 2008
20 CSR 2150-7.135	Physician Assistant Supervision Agreements	This Issue	April 25, 2008
20 CSR 2150-7.136	Request for Waiver	This Issue	April 25, 2008

State Board of Pharmacy

20 CSR 2220-6.050	Administration of Influenza Vaccines Per Protocol	This Issue	April 30, 2008
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**Executive
Orders****Subject Matter****Filed Date****Publication**2007

07-01	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	January 2, 2007	32 MoReg 295
07-02	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	January 13, 2007	32 MoReg 298
07-03	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	January 13, 2007	32 MoReg 299
07-04	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	January 13, 2007	32 MoReg 301
07-05	Transfers the Breath Alcohol Program from the Missouri Department of Health and Senior Services to the Missouri Department of Transportation	January 30, 2007	32 MoReg 406
07-06	Transfers the function of collecting surplus lines taxes from the Missouri Department of Insurance, Financial Institutions and Professional Registration to the Department of Revenue	January 30, 2007	32 MoReg 408
07-07	Transfers the Crime Victims' Compensation Fund from the Missouri Department of Labor and Industrial Relations to the Missouri Department of Public Safety	January 30, 2007	32 MoReg 410
07-08	Extends the declaration of emergency contained in Executive Order 07-02 and the terms of Executive Order 07-04 through May 15, 2007, for continuing cleanup efforts from a severe storm that began on January 12	February 6, 2007	32 MoReg 524
07-09	Orders the Commissioner of Administration to take certain specific cost saving actions with the OA Vehicle Fleet	February 23, 2007	32 MoReg 571
07-10	Reorganizes the Governor's Advisory Council on Physical Fitness and Health and relocates it to the Department of Health and Senior Services	February 23, 2007	32 MoReg 573
07-11	Designates members of staff with supervisory authority over selected state agencies	February 23, 2007	32 MoReg 576
07-12	Orders agencies to support measures that promote transparency in health care	March 2, 2007	32 MoReg 625
07-13	Orders agencies to audit contractors to ensure that they employ people who are eligible to work in the United States, and requires future contracts to contain language allowing the state to cancel the contract if the contractor has knowingly employed individuals who are not eligible to work in the United States	March 6, 2007	32 MoReg 627
07-14	Creates and establishes the Missouri Mentor Initiative, under which up to 200 full-time employees of the state of Missouri are eligible for one hour per week of paid approved work to mentor in Missouri public primary and secondary schools up to 40 hours annually	April 11, 2007	32 MoReg 757
07-15	Gov. Matt Blunt increases the membership of the Mental Health Transformation Working Group from eighteen to twenty-four members	April 23, 2007	32 MoReg 839
07-16	Creates and establishes the Governor's "Crime Laboratory Review Commission" within the Department of Public Safety	June 7, 2007	32 MoReg 1090
07-17	Gov. Matt Blunt activates portions of the Missouri National Guard in response to severe storms and potential flooding	May 7, 2007	32 MoReg 963
07-18	Gov. Matt Blunt declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to severe storms that began May 5	May 7, 2007	32 MoReg 965
07-19	Gov. Matt Blunt authorizes the departments and agencies of the Executive Branch of Missouri state government to adopt a program by which employees may donate a portion of their annual leave benefits to other employees who have experienced personal loss due to the 2007 flood or who have volunteered in a flood relief	May 7, 2007	32 MoReg 967
07-20	Gov. Matt Blunt gives the director of the Department of Natural Resources the authority to suspend regulations in the aftermath of a flood emergency	May 7, 2007	32 MoReg 969
07-21	Orders agencies to evaluate the performance of all employees pursuant to the procedures of the Division of Personnel within the Office of Administration and that those evaluations be recorded in the Productivity, Excellence and Results for Missouri (PERforM) State Employee Online Appraisal System	July 11, 2007	32 MoReg 1389
07-22	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan to be activated due to severe weather that began on June 4, 2007	July 3, 2007	32 MoReg 1391

**Executive
Orders**

	Subject Matter	Filed Date	Publication
07-23	Activates the state militia in response to the aftermath of severe storms that began on June 4, 2007	July 3, 2007	32 MoReg 1393
07-24	Orders the Commissioner of Administration to establish the Missouri Accountability Portal as a free Internet-based tool allowing citizens to view the financial transactions related to the purchase of goods and services and the distribution of funds for state programs	July 11, 2007	32 MoReg 1394
07-25	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operations Plan be activated	August 24, 2007	32 MoReg 1902
07-26	Creates a Director/Administrator level multi-agency task force to address the concerns associated with feral hogs	August 30, 2007	32 MoReg 1904
07-27	Declares a drought alert for the counties of Bolinger, Butler, Cape Girardeau, Carter, Dunklin, Franklin, Iron, Jefferson, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Scott, Stoddard, Washington, and Wayne	September 7, 2007	32 MoReg 2035
07-28	The Executive Order denoted 05-16 is hereby rescinded	September 10, 2007	32 MoReg 2037
07-29	Amends the membership and the duties of the Governor's Advisory Council on Aging	September 17, 2007	32 MoReg 2038
07-30	Lists members of staff having supervisory authority over departments, divisions or agencies	September 13, 2007	32 MoReg 2041
07-31	Creates the Rural High-Speed Internet Access Task Force to deal with the lack of high-speed Internet access in rural Missouri communities	October 10, 2007	32 MoReg 2217
07-32	Declares that state offices will be closed on Friday, November 23, 2007	October 23, 2007	This Issue

2006

06-01	Designates members of staff with supervisory authority over selected state agencies	January 10, 2006	31 MoReg 281
06-02	Extends the deadline for the State Retirement Consolidation Commission to issue its final report and terminate operations to March 1, 2006	January 11, 2006	31 MoReg 283
06-03	Creates and establishes the Missouri Healthcare Information Technology Task Force	January 17, 2006	31 MoReg 371
06-04	Governor Matt Blunt transfers functions, personnel, property, etc. of the Division of Finance, the State Banking Board, the Division of Credit Unions, and the Division of Professional Registration to the Department of Insurance. Renames the Department of Insurance as the Missouri Department of Insurance, Financial Institutions and Professional Registration. Effective August 28, 2006	February 1, 2006	31 MoReg 448
06-05	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Rx Plan Advisory Commission to the Missouri Department of Health and Senior Services. Effective August 28, 2006	February 1, 2006	31 MoReg 451
06-06	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Assistive Technology Advisory Council to the Missouri Department of Elementary and Secondary Education. Rescinds certain provisions of Executive Order 04-08. Effective August 28, 2006	February 1, 2006	31 MoReg 453
06-07	Governor Matt Blunt transfers functions, personnel, property, etc. of the Missouri Life Sciences Research Board to the Missouri Department of Economic Development	February 1, 2006	31 MoReg 455
06-08	Names the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver	February 7, 2006	31 MoReg 457
06-09	Directs and orders that the Director of the Department of Public Safety is the Homeland Security Advisor to the Governor, reauthorizes the Homeland Security Advisory Council and assigns them additional duties	February 10, 2006	31 MoReg 460
06-10	Establishes the Government, Faith-based and Community Partnership	March 7, 2006	31 MoReg 577
06-11	Orders and directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property and to employ such equipment as may be necessary in support of civilian authorities	March 13, 2006	31 MoReg 580
06-12	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	March 13, 2006	31 MoReg 582
06-13	The Director of the Missouri Department of Natural Resources is vested with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to best serve the public health and safety during the period of the emergency and the subsequent recovery period	March 13, 2006	31 MoReg 584

Executive Orders	Subject Matter	Filed Date	Publication
06-14	Declares a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operation Plan be activated	April 3, 2006	31 MoReg 643
06-15	Orders and directs the Adjutant General, or his designee, to call and order into active service portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and take such action and employ such equipment as may be necessary in support of civilian authorities, and provide assistance as authorized and directed by the Governor	April 3, 2006	31 MoReg 645
06-16	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 647
06-17	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	April 3, 2006	31 MoReg 649
06-18	Authorizes the investigators from the Division of Fire Safety, the Park Rangers from the Department of Natural Resources, the Conservation Agents from the Department of Conservation, and other POST certified state agency investigators to exercise full state wide police authority as vested in Missouri peace officers pursuant to Chapter 590, RSMo during the period of this state declaration of emergency	April 3, 2006	31 MoReg 651
06-19	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	April 3, 2006	31 MoReg 652
06-20	Creates interim requirements for overdimension and overweight permits for commercial motor carriers engaged in storm recovery efforts	April 5, 2006	31 MoReg 765
06-21	Designates members of staff with supervisory authority over selected state agencies	June 2, 2006	31 MoReg 1055
06-22	Healthy Families Trust Fund	June 22, 2006	31 MoReg 1137
06-23	Establishes Interoperable Communication Committee	June 27, 2006	31 MoReg 1139
06-24	Establishes Missouri Abraham Lincoln Bicentennial Commission	July 3, 2006	31 MoReg 1209
06-25	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	July 20, 2006	31 MoReg 1298
06-26	Directs the Adjutant General to call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	July 20, 2006	31 MoReg 1300
06-27	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	July 21, 2006	31 MoReg 1302
06-28	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	July 22, 2006	31 MoReg 1304
06-29	Authorizes Transportation Director to temporarily suspend certain commercial motor vehicle regulations in response to emergencies	August 11, 2006	31 MoReg 1389
06-30	Extends the declaration of emergency contained in Executive Order 06-25 and the terms of Executive Order 06-27 through September 22, 2006, for the purpose of continuing the cleanup efforts in the east central part of the State of Missouri	August 18, 2006	31 MoReg 1466
06-31	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	September 23, 2006	31 MoReg 1699
06-32	Allows the director of the Missouri Department of Natural Resources to grant waivers to help expedite storm recovery efforts	September 26, 2006	31 MoReg 1701
06-33	Governor Matt Blunt orders all state employees to enable any state owned wireless telecommunications device capable of receiving text messages or emails to receive wireless AMBER alerts	October 4, 2006	31 MoReg 1847
06-34	Governor Matt Blunt amends Executive Order 03-26 relating to the duties of the Information Technology Services Division and the Information Technology Advisory Board	October 11, 2006	31 MoReg 1849
06-35	Governor Matt Blunt creates the Interdepartmental Coordination Council for Job Creation and Economic Growth	October 11, 2006	31 MoReg 1852
06-36	Governor Matt Blunt creates the Interdepartmental Coordination Council for Laboratory Services and Utilization	October 11, 2006	31 MoReg 1854
06-37	Governor Matt Blunt creates the Interdepartmental Coordination Council for Rural Affairs	October 11, 2006	31 MoReg 1856
06-38	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Employee Career Opportunity	October 11, 2006	31 MoReg 1858
06-39	Governor Matt Blunt creates the Mental Health Transformation Working Group	October 11, 2006	31 MoReg 1860
06-40	Governor Matt Blunt creates the Interdepartmental Coordination Council for State Service Delivery Efficiency	October 11, 2006	31 MoReg 1863

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06-41	Governor Matt Blunt creates the Interdepartmental Coordination Council for Water Quality	October 11, 2006	31 MoReg 1865
06-42	Designates members of staff with supervisory authority over selected state departments, divisions, and agencies	October 20, 2006	31 MoReg 1936
06-43	Closes state offices on Friday, November 24, 2006	October 24, 2006	31 MoReg 1938
06-44	Adds elementary and secondary education as another category with full membership representation on the Regional Homeland Security Oversight Committees in order to make certain that schools are included and actively engaged in homeland security planning at the state and local level	October 26, 2006	31 MoReg 1939
06-45	Directs the Department of Social Services to prepare a Medicaid beneficiary employer report to be submitted to the governor on a quarterly basis. Such report shall be known as the Missouri Health Care Responsibility Report	November 27, 2006	32 MoReg 6
06-46	Declares that a State of Emergency exists in the State of Missouri, directs that the Missouri State Emergency Operations Plan be activated	December 1, 2006	32 MoReg 127
06-47	Directs the Adjutant General call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to support civilian authorities	December 1, 2006	32 MoReg 129
06-48	Vests the Director of the Missouri Department of Natural Resources with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under his purview in order to better serve the interest of public health and safety during the period of the emergency and subsequent recovery period	December 1, 2006	32 MoReg 131
06-49	Directs the Department of Mental Health to implement recommendations from the Mental Health Task Force to protect client safety and improve the delivery of mental health services	December 19, 2006	32 MoReg 212
06-50	Extends the declaration of emergency contained in Executive Order 06-46 and the terms of Executive Order 06-48 through March 1, 2007, for the purpose of continuing the cleanup efforts in the affected Missouri communities	December 28, 2006	32 MoReg 214

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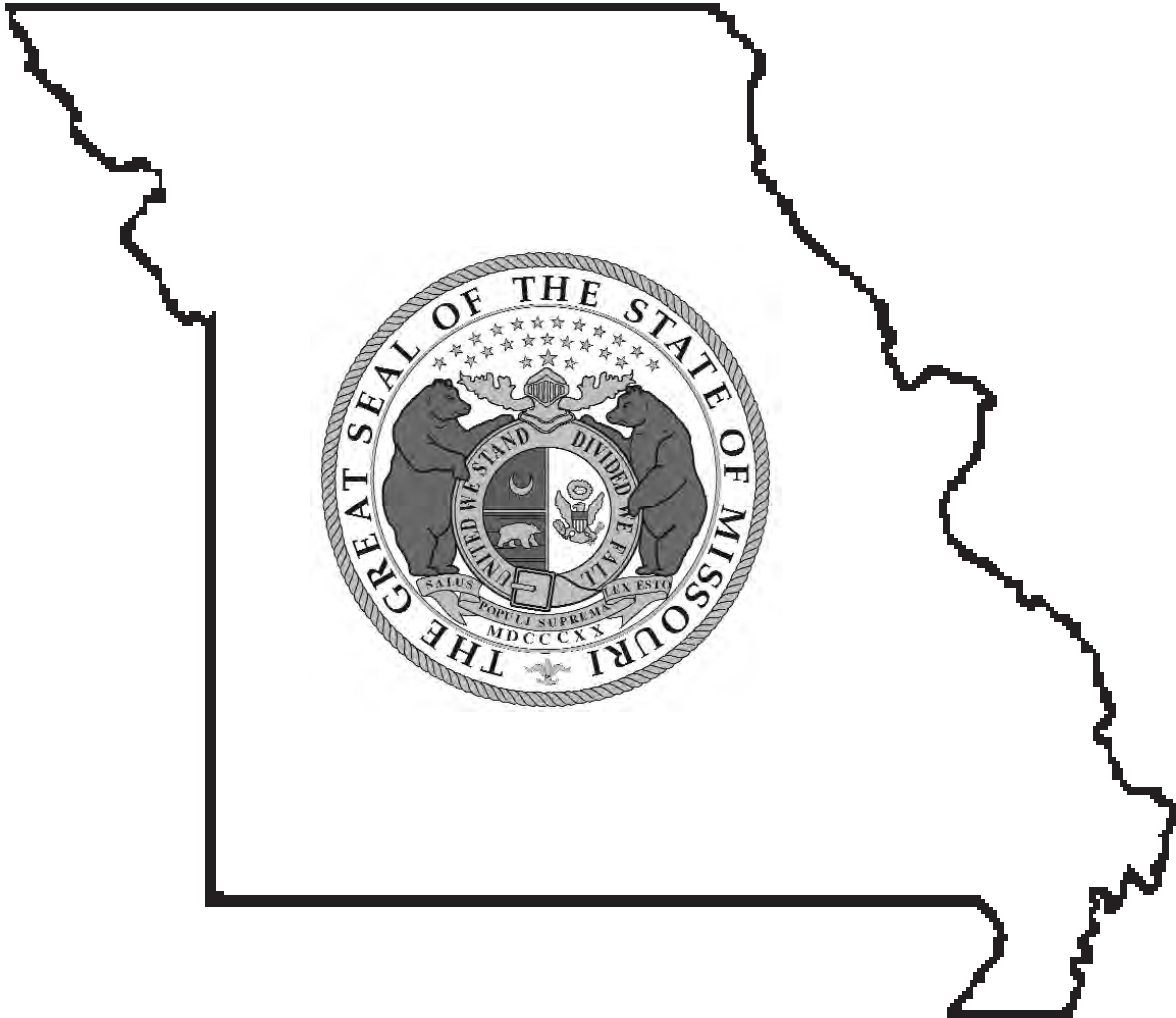
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